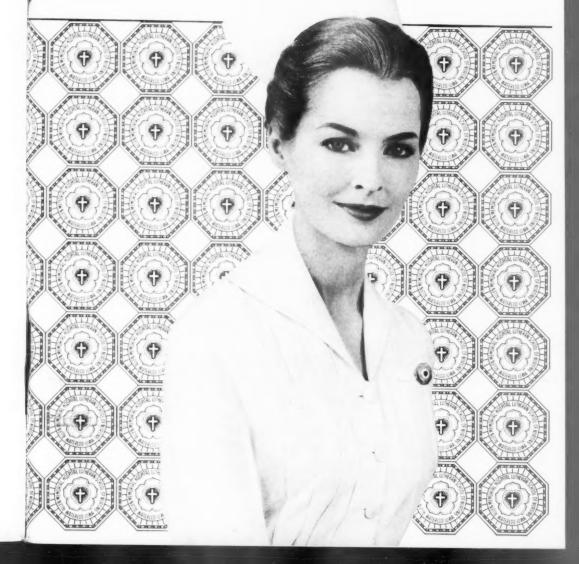
**MAY 1957** 

# JOURNAL FOR NURSES



# WHILE YOU WERE OUT

TO: Dr. Norton TIME: 9:10 a.m.

+1	EASE CALL HIM	Y	
-	ILL CALL AGAIN		ELEPHONED
		+	ALLED TO SEE YOU
	USH		VANTED TO SEE YOU

MESSAGE: Mrs. Amadeo phoned that the prescription actually seems to irritate her little boy's ivy poisoning. He may be sensitive to the local anesthetic, so I played it safe and suggested she use Calmitol until you returned.

O called Mrs. Amadeo last

night after hours. Calmitol

appears to relieve the itching

without complications and

without complications and

J told her to continue it.

How is our office supply

of Calmitol.

E. C. N.

\*Calmitol® is the non-sensitizing antipruritic ointment supplied in 1½-oz. tubes and 1-lb. jars, and (liquid) 2-oz. bottles by Thos. Leeming & Co., Inc., 155 East 44th St., New York 17. Write for samples.





# RI

#### A JOURNAL FOR NURSES

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MANUSCRIPTS are always welcomed by the editors—particularly those written on nursing and allied subjects by interested authors. Manuscripts should be typed, with double or triple spacing. Send photographs and/or illustrations with manuscripts whenever possible. All published manuscripts become the property of R.N. Manuscripts not accepted will be returned to their authors.

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\*Dodd, M. C., and Stillman, W. B.: The in vitro bacteriostatic action of some simple furan derivatives, J. Pharm. Exp. Ther. 82:11, 1944.

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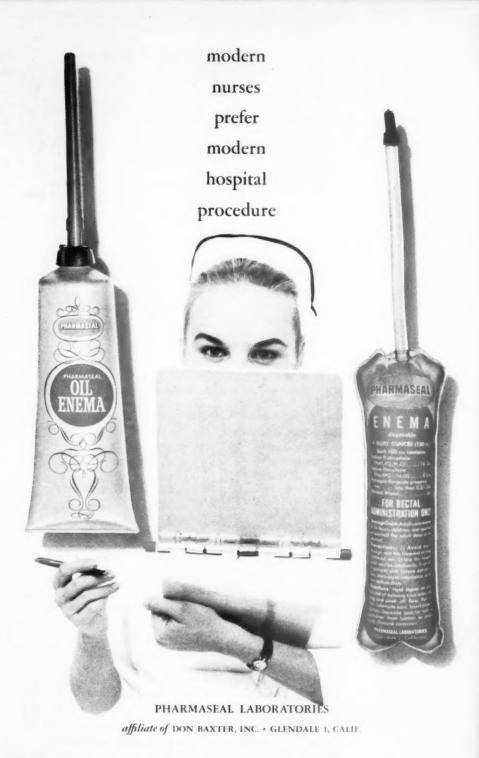
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#### THE COVER



Originally founded in 1925, the Allen Memorial Hospital Lutheran School of Nursing was reorganized in 1942 with twenty-five students. The non-denominational school has grown steadily: last year a record ninety-one students were enrolled in the three-year diploma program. Some 274 nurses have been graduated from the school in Waterloo, which draws the majority of its students from northeast Iowa. Fully accredited by the Iowa Board of Nurse Examiners, the school is temporarily accredited by the National League for Nursing. Students matriculate for basic science courses at nearby Iowa State Teachers College. The Lutheran School of Nursing cap was designed by the first director of the reorganized school, Miss Sadie Holm, in 1943. Its octagon-shaped, gold and white pin incorporates the Lutheran shield in its design. **(())** 



The medication makes the big difference: calcium undecylenate gradually releases undecylenic acid in amounts sufficient for sustained antifungal, antibacterial, and protective action with virtually no irritation. Caldesene relieves itching, soreness and burning, soothes skin irritations due to moisture, perspiration, and constricting apparel, and protects against diaper rash, prickly heat, and chafing.

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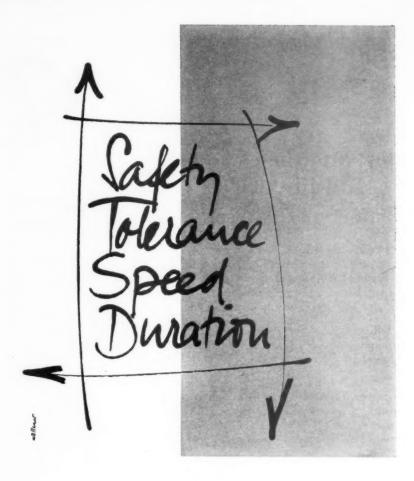
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#### LETTERS

#### BOLTON BILL

Dear Editor:

I honestly hope that all nurses are doing some clear thinking about our profession, free from the negativeness of those who refuse to realize the every day needs of registered nurses. The few, who represent us without knowing our needs, voice their warped ideas and dampen whatever progress can be made.

I most certainly believe that we "missed the boat" when the Bolton Bill was not passed. Frances Bolton is a pioneer in nursing problems. This bill could have been the beginning of a possible solution to the many problems in our profession.

JEANNE V. GLEASON, R.N. CAPISTRANO BEACH, CALIF.

#### THE HEAD NURSE

Dear Editor:

During my experience in a hospital, I have noted that a good nursing team is the answer for efficiency and harmony in a ward. I have been thinking about this situation and I accept the fact that the key person in this situation

is . . . the head nurse! We should realize that we have good nursing leaders in these women whose work is bedside nursing.

LILLIAN L. RUFFINI, R.N. WEST GROVE, PA.

#### PART-TIME NURSING

Dear Editor:

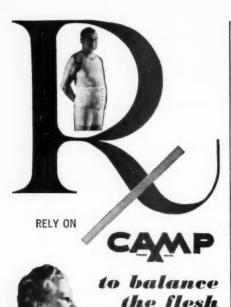
Although I am the mother of three children, I would enjoy working a few hours a week at the local hospital. I cannot work full-time because of my family. However, I could work a few hours during the week. The director of nurses has refused to accept me on this basis despite the so-called shortage. Attitudes such as those of the local director will have to change. When this happens we will note that the nursing shortage will have lessened.

MARILYN SCHMANDT, R.N. MILLINGTON, MICH.

#### "LIVE AND LET LIVE"

Dear Editor:

My husband has been ill for over two years and he now needs fulltime nursing care. I have a cardiac condition and have also had a bi-



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more in line with the center of gravity; thus relieving muscle strain of back, feet and ankle joints. Immediate professional fitting is available from stock at your Authorized Camp Dealer.



JACKSON, MICHIGAN

lateral mastectomy operation. I can no longer work as a nurse and still care for my husband and home. Magazine subscriptions sales provide an income for us now. I have no feelings of inferiority about this. I am just grateful that I can still work.

A great many students and handicapped people sell magazine subscriptions. It is a real public service calling for intelligent and ambitious representatives. I do not believe that anyone should be criticized for honest work. "Live and let live" is a great motto.

WINNIFRED B. LAY, R.N. MINNEAPOLIS, MINN.

#### ANOTHER VIEWPOINT

Dear Editor:

Many writers attribute the nursing shortage to the low salary of registered nurses. The primary reason for people choosing nursing seems to be overlooked (service to humanity). Admittedly, salaries of nurses should be commensurate with the cost of living and the needs of nurses. This could be thrashed out on a local, rather than national level. In my opinion these are the reasons for a nursing "shortage": there is a lack of intelligent publicity in the recruitment of men and women by the hospitals and the ANA in high schools and universities: there's poor placement of nurses in hospitals according to their individual experience and ability. In addition, too much emphasis is placed on

# In deference to her daintiness . . .

- Massengill Powder is buffered to maintain\* an acid condition in the vaginal mucosa.
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> \*In a recent clinical report, ambulatory patients—with an alkaline vaginal mucosa resulting from pathogens-maintained an acid vaginal mucosa of pH 3.5 for 4 to 6 hours after douching with Massengill Powder; recumbent patients maintained a satisfactory acid condition up to 24 hours.

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educational advancement, thereby removing bedside and clinical nurses from their mission in life. LOWELL S. SHERMAN, R.N.

LOWELL S. SHERMAN, R.N. COVINA, CALIF.

#### THE NEW LOOK

Dear Editor:

At long last nurses' uniforms are taking on the new look. For too many years uniforms seemed to be cut from the same basic pattern with an almost imperceptible deviation in the collar or pocket.

We select other clothing currently in fashion which is attractive. Shouldn't we be allowed the same privilege in selecting our working clothes? Is a nurse less efficient because she is more attractive? We are nurses, but we are also women. Let's give a rousing cheer for the uniform designers. THEY remembered us.

BARBARA MOITOSO, R.N. EAST PROVIDENCE, R.I.

#### SHORT TERM SOLUTION?

Dear Editor:

As a doctor's wife, not presently employed, the nursing shortage is thrust at me as though I were personally creating it by my unwillingness to "help out." Even if the idea of subjecting myself to petty criticism in a hospital did not evoke anxiety, I cannot help but feel that my working and relieving the shortage will only retard the time when hospitals must face up to what it is in their necrotic en-



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† Data calculated from: Watt, B. K. et al., U. S. Dept. Agric. Handbook No. 8, 1950; and Burger, M. et al., Agr. & Food Chem. 4:418, 1956.

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vironment that keeps unemployed nurses from returning to work.

R.N., ARIZ.

#### AN UNTAPPED RESERVOIR

Dear Editor:

It is over ten years since I've actively engaged in nursing but your magazine has kept me abreast of the changes in the profession. I would appreciate your having an article on the ANA in the near future explaining the reason for its high dues.

RUTH L. KNAPP, R.N. ASHLAND, N. H.

#### LPN'S PLIGHT

With all due respect to professional nurses. I must say they taught me more humility than bedside technique during my hospital training as a student in a school of practical nursing. The love of the patient was all that kept me hanging on many days. I reeled from disillusionment as much as from exhaustion.

Twice since graduation, when I have been asked to special critically ill patients because no professional nurses were available, I have been rebuffed by charge nurses to whom I went for suggestions and advice. One said, "That is your patient; I have no time to supervise." The other said, "Look, he is your patient; do what you want to. I have four admissions!"

After that second rebuff, I grew so nauseated and so ill that I





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it's protective—with a silicone content that provides an invisible surface film to help conserve natural oils of the skin.

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Le Van, P., Sternberg, T. H. & Newcomer, V. D.: Cal. Med. 81:210, 1954.

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# can you read this thermometer?

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Naturally not. Missing calibration makes it worthless.

Equally useless and dangerous is a "quantitative" urine-sugar test that does not quantitate dependably, or omits readings in the critical range.

Enzyme urine-sugar tests are sensitive and specific for glucose—excellent "yes" or "no" tests but undependable for quantitation. King and Hainline,¹ after testing 1,000 urines, found an enzymatic urine-sugar test unable to distinguish in the important range between ½ per cent and 2 per cent or more of urinary glucose. Leonards,² in a report on 4,020 tests, revealed that "...in 502 out of 804 tests the wrong interpretation was made." He concluded that enzymatic urine-sugar testing "...as a quantitative procedure is unsatisfactory and can lead to serious error in the interpretation of a patient's clinical condition."

Failure to recognize this limitation of enzyme tests may result in incorrect insulin dosage,<sup>2</sup> and may lead to diabetic complications.

(1) King, J. W., and Hainline, A., Jr.: Commercial Glucose Oxidase Preparations for the Detection of Glucose in Urine, Cleveland Clin. Quart. 23:212, 1956. (2) Leonards, J. R.: Evaluation of Enzyme Tests for Urinary Glucose, J.A.M.A. 163:260 (Jan. 26) 1957.

reliable readings throughout the critical range—
does not omit 34% (+++) and 1% (+++)



a 15 year "standard" in urine-sugar testing



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couldn't go back next night. I have decided to leave nursing to the professional nurses who have no time for nursing. My heart is broken at the thought of the sick who need comfort and understanding, but I confess that my spirit is broken, too.

I do not approve of having practical nurses special the critically ill unless they have the professional nurse to turn to for advice. My school definitely does not approve, so I certainly would not do it.

(Mrs.) LILLIAN M. WILCOX, LPN PROVIDENCE, R.I.

One of R.N.'s editors wrote to Mrs. Wilcox suggesting "Let us hope that in our mutual lifetimes we shall see the lack of understanding between the registered nurse and the practical nurse disappear. In the interim, each of us, RN and practical nurse must be tolerant and realize that transitions take time, much time. We cannot change the short-comings of others; all we can change are our attitudes about them, Nothing can interfere with our own sense of personal integrity, as long as we know we are doing our best. If a charge nurse is shorttempered, she is her own problem. Realize it as such and go back to your patient and give your best nursing care."

This is Mrs. Wilcox's reply:]

#### Dear Editor:

I have received your warm and friendly note and I am deeply grateful. I have followed your good

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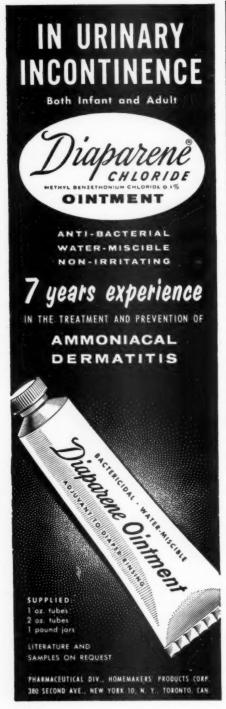


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STATE OR PROVINCE



advice and have returned to nursing. I was miserable without it. Fortunately, I am working at a different hospital now. The attitudes of the R.N.'s here toward practical nurses are very good. I shall keep your words of encouragement always.

(Mrs.) LILLIAN M. WILCOX, L.P.N. PROVIDENCE, R.I.

#### TRANSITION VS. TRADITION

Dear Editor:

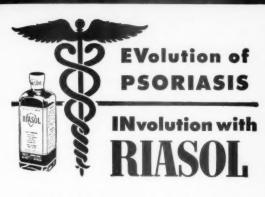
Thank you for your fine editorial in the November issue. It certainly "hit the nail on the head." It is true that, traditionally, nurses have been trained to give personal service to patients, but today a nurse may spend eighteen hours of her forty-hour week writing requisitions. Most of us became nurses because we had a certain warmness in our hearts and wanted to help people. The increasing amount of desk work and supervisory duties of nurses frustrate their desire to give patient care.

ALICE S. FREEDMAN, R.N. ALBUQUERQUE, N.M.

#### TOP PRIORITY

Dear Editor:

I have been an R.N. reader for years, and this letter is to let you know how much your magazine has meant to me. I subscribe to as many magazines as I can afford, but R.N. has top priority. It has helped me tremendously. I like every article, and the *Drug Digest* 



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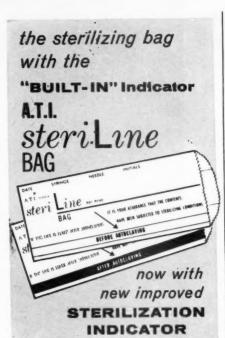
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(Mrs.) I. A. SACKENHEIM, R.N. HAMILTON, OHIO

#### BACK ISSUES

Dear Editor:

Having recently returned from overseas, I now have the pleasure of reading your back issues for the past two years. Reading R.N. provides assistance in my present parttime general duty work.

GRACE B. COPE, R.N. BRIDGETON, N.J.

#### HEPATITIS

Dear Editor:

I found the article "What Can YOU Do About Hepatitis?" most helpful as a reference for students studying communicable diseases.

DONNA FERGUSON, R.N. SEATTLE, WASH.

Dear Editor:

The article on infectious hepa-

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titis more than interested me. Please send me any available bibliography on the subject.

MARY B. NISSENR, R.N. PENGROVE, CALIF.

Dear Editor:

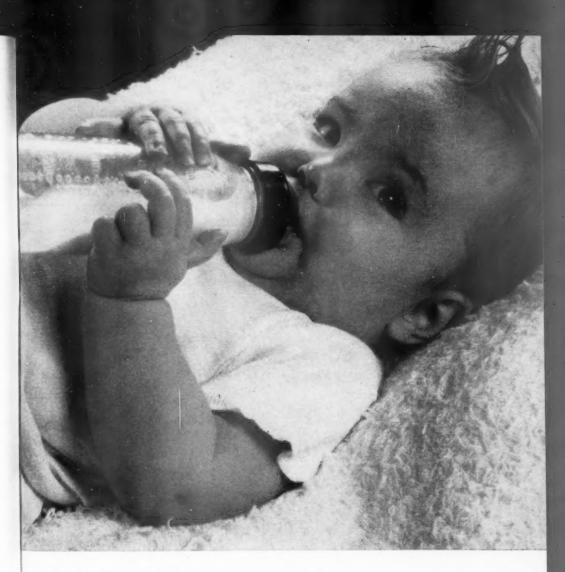
I certainly appreciated the fine article "What Can YOU Do About Hepatitis?". Perhaps you could give me some additional information by answering the following question: If all instruments should be sterilized by heat to prevent the transfer of the virus or agent, what would be a safe method of sterilizing sharp instruments?

INEZ SMITH, R.N. SAN FRANCISCO, CALIF.

[We asked Mrs. Errera, an associate of Dr. Carl Walter, an authority on the subject, to answer Mrs. Smith's question. This is her reply: "Cutting edges should be terminally sterilized with heat. If an instrument washer-sterilizer isn't available, then the instruments should be immersed in a solution of 2 per cent tri-sodium phosphate. After soaking for a few minutes, instruments are exposed to steam (250 degrees F.) for 15 minutes.

If a steam sterilizer isn't available, the instruments in solution can be boiled for 15 minutes. An alternative is to add enough sal soda for a 2 per cent solution or sufficient sodium hydroxide for a 0.1 per cent solution to a boiling water sterilizer and boil the instruments in this for 15 minutes."

-THE EDITORS



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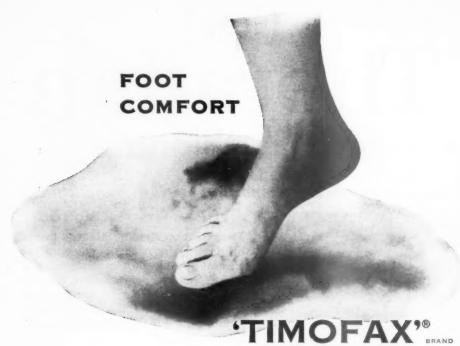
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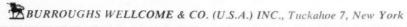
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 H. Beckman: Treatment in General Practice, p. 478, W. B. Saunders Co., 1946.

 A. Grollman: Pharmacology and Therapeutics, p. 391, lea & Febiger, 1954.

 W. J. Visek, W. G. Liu, L. J. Roth: Fate of Carbon-14 Labeled Phenolphthalein. J. Pharm. and Exp. Med. 117:347, July 1956.



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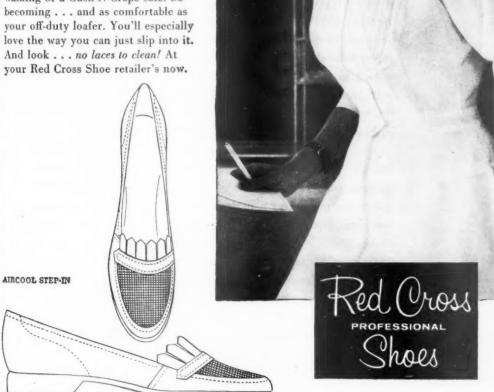
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### Nursing's Investigators and Interpreters

Nursing's future lies not only in the skilled hands of its practitioners; even more it is dependent upon nursings' ability to produce the investigative and interpretive minds so necessary for the advancement of any profession.

So much has been written about the shortage of nurse educators and administrators; yet only a few have voiced their concern over the lack of prepared nurse researchers and interpreters. Compared to other professions, the number of nurses engaged in nursing research and nursing journalism is infinitesimal.

Granted that these branches of the profession are both in their infancy, nevertheless, until it is consciously recognized by all in nursing that exploration and exposition are as an important a part of a developing profession as is teaching, supervision, and public health, nursing is in danger of remaining a pseudo-profession—regardless of the number of university degrees conferred upon its practitioners.

The knowledge of a profession is advanced by the researcher and disseminated by the interpreter. According to Glenn Frank, in his article, "Salesmen of Knowledge," the interpreter stands between those whose knowledge of all things is indefinite and the investigator whose knowledge of one thing is authoritative. And rarely do the two meet in the same mind. In other words, nursing's advancement professionally will be in direct ratio to the ability of its

interpreters to translate the ideas of its investigators into the language of its practitioners.

The profession itself—still in the throes of growing pains—has recently awakened to the need to encourage and stimulate its members to become interested in these phases of nursing. Those who have ventured into these unchartered specialties have either drawn on the experience and interest of those outside of nursing or relied upon their own professional intuition for guidance and direction. Playing by ear is possible and, as a technique, can be quite successful, but it has its limitations—for the individual and the profession.

For example, the research that has been done in nursing so far strongly reflects the interest of the psychologists, the sociologists, the economists, the management engineers—the interests of those who have guided and supported nurses in the bulk of nursing research. That they unintentionally have influenced the type and scope of nurses' research has now become apparent. A pattern of research has evolved which by an actual survey reveals that in the field of nursing research only one study in ten is concerned with the persons the nurse serves—the patient and his family—or the equipment used in giving nursing care. The practitioner, not the practice, has received the greatest research emphasis—the worker, not the work. Next month let's explore some theories advanced for this one-sided research pattern.

ALICE R. CLARKE, EDITOR

may, 1957

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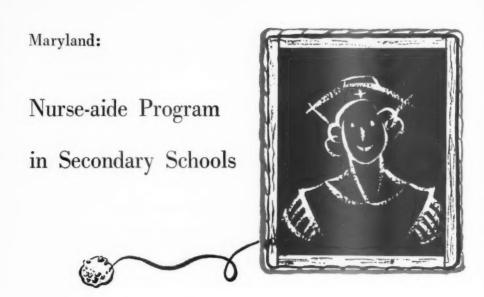
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by Mary A. Thompson\*

As secondary school enrollments began to rise rapidly in Prince George's County, Maryland, the problem of how to care for the health needs of students became more acute. Due to a seriously inadequate staff of public health nurses, secondary school visits were rarely made. First-aid care of students was done primarily by guidance counselors and principals who began to rebel at the added load. Pressure started to build up from parents through organized PTA groups to have school nurses provided to meet the first-aid prob-

lems of students. Not many parents or teachers were aware of the other existing health problems.

However, the supervisor of health education, charged with the responsibility of coordinating the total school health program, had been aware of the problems for some time. She was also aware of the need for a better planned follow-up in the secondary schools of the results of vision and hearing-screening procedures in operation since 1952 and 1953. When the pressure from parents and demands from the principals for re-

\*Supervisor of Health Education and Health Services, Board of Education, Prince George's County, Maryland. This article is based on a paper presented before the School Health Service Section of the American School Health Association, November, 1956.

Despite contrary recommendations, sixteen of the nineteen first aiders in this controversial school health program are registered nurses.

lief began to mount heavily in the fall of 1953, the time seemed favorable for directing attention to the health needs in the secondary schools.

Studies were made of existing secondary school health programs in other localities. Close scrutiny was given to those in the metropolitan District of Columbia area. Conferences were held. There was a diversity of opinion about the existing programs and a great deal of dissatisfaction voiced from people involved in these programs.

We agreed that, for our needs, a person trained in school health education should be obtained to

act as the coordinator for the overall school health program and to teach classes in health education where it was not practical to integrate it elsewhere in the curriculum. We also needed a person trained in first-aid care and home nursing to take care of emergency cases beyond the ability of most teachers and to do the clerical work necessary on health records: and a public health nurse assigned to the school to give direction to the first aider and to follow up cases, where necessary, in the homes and clinics.

Finally, it was concluded that of all, the one need that had to be

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met first was that of providing personnel for processing of injured and ill students at school. To meet all of these needs would call for at least three people assigned to a large secondary school.

Frankly, this was considered first because of the mounting pressure and, also, because of the realistic possibility of getting immediate action. Since the public health nurse was to be considered the nurse for the school, the "first aid" position was seen as a supplement to her and was therefore to be called "the nurse-aide." It was important, however, for us to provide for this need with an idea as to how it would relate to the solution of other health problems.

An attempt was made to have the county health department provide for the nurse-aide program in its budget but the health officer was unwilling to attempt this. He felt that it would jeopardize his efforts to secure more public health nurses. A meeting of members of the state and county health departments and state and county boards of education was held with the county commissioners. All seemed to agree that there was a need for relief in the schools and that there was no objection to the board of education submitting a proposal in its budget.

However, since it was difficult to obtain adequate nursing personnel for the local hospitals and health department, it was strongly felt that the board of education should not place itself in a position where it would be competing with these agencies for registered nurses.

The superintendent of schools asked the health education supervisor to set up an advisory committee to study the situation and make recommendations which he would take to the official board of education for action.

Policies for the operation of the nurse-aide program were developed by members of this advisory committee. They, too, recommended that graduate nurses not be employed for these positions because the work would not call for that type of preparation and would compete with the local hospitals and health departments for personnel. In addition, such a program would be much more expensive to operate.

They thought it important that teachers, students, and parents understand that this could only be a program of first-aid care and not one of medical treatment. They believed it would be easier to put this across if registered nurses in white uniforms were not a part of the picture. Also, they hoped to avoid confusion and misunderstanding in the minds of citizens-at-large over what the difference in responsibility and functions would be between public health nurses working in the county health department and registered nurses working in the schools. Concern was expressed also for the attitude of the public health nurses themselves toward a potential rival program.

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It was thought that a woman with a mature personality who had had successful experience with adolescent children either in home or in groups could qualify adequately for the nurse-aide position. To be considered, she would be required to obtain and maintain active certification in Red Cross Home Nursing and First Aid.

there were no applicants with that training.

The nurse-aide program was initiated by the board of education in Prince George's County secondary schools in the fall of 1954. Seven of the largest junior and senior high schools opened in September with full-time nurse-aides. The remaining ten had nurse-aides on a three-day-per week basis starting in November. In the fall of 1955, the program was enlarged to include full time nurse-aides in all

"This program is disturbing because of the lack of continuous supervision of the nurses' aide by a professional nurse and the assignment of certain duties to the aide, whose background may not qualify her for health education. And an R.N. employed part-time or as a school nurse's assistant should have a better title than nurses' aide".

—Lula P. Dilworth, R.N. Assistant in Education, N. J. State Department of Education

The board of education, when these policies were presented, was concerned that a major public relations problem would arise unless registered nurses were obtained for the nurse-aide positions. Principals particularly, members of the board said, would not have confidence in someone other than a registered nurse. The policy finally adopted, therefore, was that "Nurseaides may, but do not necessarily have to be registered nurses." Instructions were given to the health education supervisor to employ registered nurses where possible and only nonregistered nurses if

of the secondary schools. There is now a total of nineteen.

All are registered nurses with the exception of one in a rural school and two in schools for Negroes. Of these three, one has an A.B. degree from Howard University with a major in sociology. One has had extensive training and experience as a practical nurse. The third has worked as a vision-screening technician in the schools and has been an instructor in Red Cross first-aid classes.

In the group of registered nurses, two have had experience and preparation as public health nurses. One has worked actively with the Red Cross in its home nursing program as instructor and motor corps chairman. One has been a member of the board of education in Howard County. Incidentally, most of the nurse-aides are mothers with small children who prefer to work school hours because of family responsibilities.

The starting salary for the nurseaides is established at the rate of \$1.50 per hour or approximately \$11.00 per day. The figure was arrived at after a study of the basic salaries of nurses of the county health department and the local hospitals. There is no competition in salary even on a ten-month basis, Applicants in the employ of either the hospitals or the health department are not considered for the school position. There has been no difficulty in recruiting people of high caliber for these positions and there is a waiting list at all times.

The nurse-aides are responsible primarily for major first aid and some minor first aid within the school and have charge of the health suites where they take care of ill children until they can be sent home or returned to class.

The medical care of the individual child is considered the responsibility of the home. Only first-aid care, therefore, is allowed to be given in the schools. The first-aid policies are in line with those previously worked out for the total school system, and with first-aid policies recommended by the American Red Cross.

These policies were set up in conjunction with the county medical society and the county health department. When questions of a medical nature arise they are referred to a medical advisory board which consists of five doctors appointed by the county medical society. The county health officer is a member of this group.

The nurse-aides make arrangements within the school for hearing and vision-screening, chest x-rays, and the diabetes detection drive. They notify parents when any deviation from normal is found among students. If there is no response from the home, cases are referred to the school's public health nurse. The nurse-aides confer with the public health nurses on other cases which need follow-up. They hold discussions within the school with teachers and guidance counselors and refer cases which are not primarily of a physical health nature to the pupil personnel department of the board of education.

The nurse-aides are responsible for the maintenance of all individual health records for students. A record of visits to the health suites

continued on page 100

Virginia:

Nurse-aide Program in Secondary Schools





"We do not believe that it is sound administration to employ graduate nurses to carry out the functions of a nurse's aide."

by Margaret A. Bauer\*

The nurse's-aide program developed in our Arlington school system in 1952 evolved out of a direct need to give nurses assistance with the frustrating details and record work which are part of school health activities. This need fortunately was recognized by the medical director who headed the school health department at that time. The nurses were bogged down, particularly on the secondary level, with the rendering of first aid and rou-

tine record work which severely curtailed the time needed to perform the more skilled and essential functions of a professional person. And so, the recognized need of providing the professional nurse with some assistance in the form of a person, not as highly trained as she, but capable of carrying out the more routine procedures of the

\*Nursing Supervisor, Arlington Public Schools, Arlington, Virginia. This article is based on a paper presented before the School Health Service Section of the American School Health Association.

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program, gave impetus to the thought of creating the position of an aide to the nurse, or as we refer to her now, the nurse's aide.

In 1952, the first aide was added to our staff and assigned to the largest high school in our community, a school with a pupil population of a little over 2,100 at that time. Three other aides have since been added to our staff. With the exception of one aide, all were assigned full time to a junior or senior high school. The aide not assigned full time spent three days each week in a junior high school, and for the rest of the week "floated" among six elementary schools, giving clerical assistance to the nurses who carried an unusually heavy pupil load. However, the situation has changed this year and she is now permanently assigned to a junior high school with the exception of one day out of each month when she gives clerical assistance to a nurse on the elementary level.

To qualify as a nurse's aide in our school system, a person must have successfully completed a fouryear high school program and the two standard American Red Cross courses of First Aid and the Care of the Sick. Experience as an active participant in youth programs, such as the Girl and Boy Scouts, 4-H Clubs, etc., is very desirable.

The person should be mature, have a warm outgoing personality, and a considerable degree of poise. She should have a genuine fondness for the teen-age boy and girl and have an understanding and knowledge of the problems of adolescence. This knowledge may have been gained on the basis of past experience in working with teen-agers either in their own homes or in groups. She must be able to feel comfortable with the teen-age group.

The nurse's aide functions, as her title implies, as an aide to the professional nurse, freeing the latter of much of the routine work connected with first aid, record work, and housekeeping. She is trained on the job by the professional nurse. Examples of her duties are: rendering of first aid, administering to the ill, such as making them comfortable on the cot, taking temperatures; application of hot water bottles, ice caps, etc.: contacting of parents when a pupil is ill or has been in an accident and needs to be sent home; keeping the clinic log; signing pupils in and out of the clinic; assisting in carrying out routine screening procedures, such as vision, height. and weight, and the recording of such data on the pupil's medical nursing records; taking charge of clinic supplies and linens; assuming the responsibility of keeping the clinic room clean and neat; and assisting in the clinic-aide program, which we have in most of

our high schools and which I will mention a little later.

The advantages of such a program are tremendous, especially when we evaluate the program in the light of statistics. To take first aid as an example: the number of clinic visits per day in our two largest high schools, pupil population 2,188 and 2,255, ranges from eighty visits to thirty visits, with a good average of forty to fifty visits per day. Not all of these clinic visits represent requests for first aid. There are many reasons

of the clinic activities in general. The aide is in a position to control interferences when the nurse is in conference with a parent or pupil, or with another member of the professional team. Also, it is reassuring to the principal of a large school and to the nursing office to know that the clinic is covered in the absence of the school nurse, whether her absence is due to illness or professional obligations such as meetings and conferences outside the school building.

There are no disadvantages to

"This is a very questionable practice. Every contact with an adolescent is charged with emotional implications. If the nurse were full time in school, an aide as described here would be safe and invaluable. But she should not be on her own to the extent this article advocates . . ."

—Gertrude E. Cromwell, R.N. Supervisor of Nursing Denver Public Schools

why students come to the clinic. A fair estimate by our nurses is that the professional nurse need not be involved in more than about one third of the total number of visits, if there is a well-trained nurse's aide on hand. In addition to this phase, the assistance the aid gives in the areas of record work and housekeeping is considerable and is an impressive factor in the saving of professional nursing time. There are other advantages to the nurse's aide program. The aide's presence assures smoother running

the program if the person for this job has been wisely selected. But, one of the negative features may be duplication of service. This is likely to occur when the professional nurse becomes involved in a situation which the aide should have been able to handle by herself. It often happens when an aide is a timid soul and needs more than a normal share of assurance. On the other hand, an aide who is aggressive may chafe under the constant supervision of the professional nurse and rebel against

the limitations imposed upon her activities. However, a careful and wise selection and adequate preparation of the aide for her job should minimize the probability of such a situation arising.

Administratively, I have found that it is a wise procedure to plan for periodic staff meetings with the nurses' aides, during which their duties and responsibilities are reviewed. Such meetings are worthwhile in many ways, but especially serve to re-emphasize the fact that their functions were defined on an administrative level and are not the outcome of an individual nurse's conception of what a nurse's aide should or should not be allowed to do.

It is not uncommon that registered nurses apply for the job of nurse's aide in our schools. We do not believe it is sound administration to employ graduate nurses to carry out the functions of a nurse's aide, nor do we as professional nurses feel that members of our profession should accept a position far below that implied by their basic professional training. We also feel that a professional nurse should be unwilling to give her services for the salary offered a nurse's aide. In doing so she is selling her own profession short.

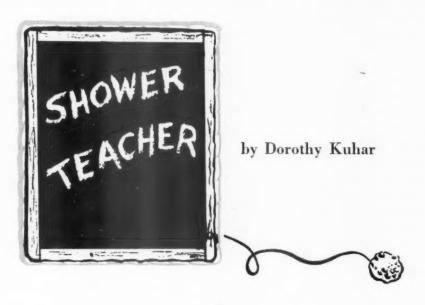
Since we do not employ registered nurses as nurse's aides, I have no concrete evidence as to the pitfalls of their employment in a school health setting. However, I would like for the sake of speculation and, if you wish, argumentation, to point out the following possibilities:

The duties and functions of the nurse's aide become routine after she has been fully oriented and trained. A registered nurse functioning as a nurse's aide is, of course, capable of assuming more responsibilities than a lay nurse's aide. May we then not expect that in time she will resent her inferior position and become dissatisfied? Also, would it not be understandable if she were to experience a feeling of compulsion to assert herself and in so doing overstep her authority? A strained relationship between the qualified public health nurse" and the registered nurse would certainly be inevitable. Such a situation might soon become unbearable and certainly would not be conducive for either of them to perform their duties with enthusiasm and satisfaction.

¶We all realize that a little knowledge is a dangerous thing. In working closely with a wellqualified public health nurse, the nurse's aide will absorb some su-

continued on page 106

<sup>&</sup>quot;The term "qualified public health" refers to the nurse who in addition to public health nursing experience either has a degree in public health nursing or has completed an approved course of study in public health nursing in an accredited university.



[The long arm of coincidence brought this article to R.N.'s attention while the editors were preparing the accompanying papers on the employment of nurse aides in school health programs.]

It was late afternoon when I finally got home, tired and discouraged. I had spent the day fruitlessly: my application for a license to teach home nursing in high school had been turned down; I was twenty points short of my degree.

When I answered the phone and was asked if I'd be interested in "the position of shower teacher,"

it sounded like a joke. So I thought I'd be funny, too. "Is that anything like the matron in the girls' lavatory?" I inquired.

Luckily, my caller had a sense of humor and wasn't trying to be facetious. The job, it seems, was in a vocational high school for girls; it consisted of teaching personal hygiene and supervising that part of the physical training program which required the students to take showers. Usually, it was filled by a budding gym teacher. When I protested that I was twenty pounds overweight and definitely not the athletic type, I was told

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that "a nurse can do anything!" To make a long story short: I

took the job.

It turned out to be a wonderful experience. Officially, I had the title of Shower Room Attendant; but throughout the school I was known as Shower Teacher (which, of course, sounds more dignified). In effect, I was doing a form of public health work among teenagers, a most responsive and teachable age group.

At first, business in the shower room was poor. The girls were supposed to report to me, after gym class, with shower cap, soap, and towel. Few showed up, and those that did had a variety of excuses for not showering. I soon realized that I had a selling job to do. So, with the help of the art department, I decorated the locker room with posters featuring the slogan, "Take a shower—smell like a flower!"

Also, I instituted a series of locker room talks. As each class reported for gym, I introduced myself, explained why I was there, and stressed the importance of personal cleanliness and appearance. I discovered that any mention of the opposite sex got immediate attention; so the Boy Friend's attitude was incorporated in the lecture.

So, too, was the most taboo subject of all—menstruation. And was I amazed to find—in this day and age—how many feared to bathe while menstruating! Among the things they were afraid would happen were immediate death, hemorrhage, and severe pain. This problem proved to be my toughest. No girl was compelled to shower while menstruating; but by emphasizing the need over and over, by answering questions and distributing literature, I finally found a few brave enough to try. These few eventually convinced the others.

At the end of each lecture, I took the class on a conducted tour of the shower room. Most of the girls had no idea that the facilities included individual dressing rooms, each with its adjacent shower to insure complete privacy; they imagined they would have to bathe in a group, or at least under my scrutiny. Seeing the physical set-up quickly changed their attitude.

Daily, as each group reported to the shower room, we had a five-minute, informal question-and-answer session. Some of the topics we discussed were use of deodorants, how often to change clothing, care of the feet and toenails, and signs of skin cancer. Some girls were very shy, others practically took over the session. The shy ones were permitted to ask questions anonymously via a question box, and the answers were posted on the bulletin board. Thus, at

continued on page 104



## In Her Memory

In its stained glass magnificence, the Florence Nightingale memorial window in the Cathedral Church of Saint Peter and Saint Paul, Washington, D.C., symbolizes the two outstanding characteristics of the Lady of the Lamp—her nursing skill and her faith. It was this faith—compounded of love, patience, and courage—which enabled her to carry on when doctors and generals alike, resenting her presence among the sick and wounded, all but nullified her nursing efforts;

and it is this same kind of faith that still inspires nurses in all parts of the world.

After more than a century, and in the face of changing conditions which have tended to depersonalize bedside nursing, Miss Nightingale's ideals—the acquisition of nursing knowledge and the rendering of service not only based on knowledge but, even more significantly, on a genuine love for suffering humanity—still prevail among nurses.

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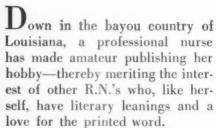
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Editor and publisher of a little eight-page quarterly called Bayou Blossoms, Wylma Georgia Heard of New Orleans is the only graduate-nurse member of the National Amateur Press Association, a hobby organization founded by a group of boy printers in 1876 and now boasting a membership of some 400, including—in addition to many retired oldsters from the various professions and teen-age editors of high school papers numerous individuals whose hobby is printing. Thus, through her NAPA affiliation, Miss Heard has her printing done without cost (except for paper) by a fellowmember in Richmond, Ky.

Bayou Blossoms is largely devoted to verse, some of it written by Miss Heard herself and some contributed by friendly NAPA

### and Publisher

members whose material comes to her either directly or through the organization's manuscript bureau. A fair sample is Miss Heard's own poem, "Heritage," penned and published in connection with Louisiana's Acadian Bicentennial Celebration in 1955:

No Land
Is ever great,
Or hordes a golden store
Until its songs are heard in rich
Folklore.
The little quarterly is circulated

The little quarterly is circulated among NAPA members through a central mailing office. It is also sent to those on Miss Heard's private mailing list—which includes the names of persons interested in both poetry and nursing.

A graduate of the Touro Infirmary School of Nursing in New Orleans, Miss Heard has long been a member of the NAPA, frequently contributing to the publications of fellow-members before she launched her own little magazine in 1955. She has also contributed to other small poetry magazines and some of her poems have won prizes. «»



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## Little

It was the evening before Thanksgiving, 1929. I had registered that day as an affiliate student nurse at Philadelphia General Hospital, and I was lonely, dispirited, and dejected as I walked toward the nurses' home after supper. Presently aware that I had lost my way, I quickened my steps in another direction; and in turning a corner I nearly knocked over a little lady in white.

As I tried to apologize, I found myself fascinated by the friendly magnetism of her eyes; and I was completely amazed when she called me by name, asked if I wasn't lost, and set me straight on my whereabouts. Then, with a smile and "A happy Thanksgiving to you, child," she resumed her own course.

I watched as she disappeared in-

to the darkness, wondering who she might be and how she knew my name. In that brief encounter, my loneliness and dejection had vanished as if by magic, and her simple holiday wish had infused hope and cheer into my dispirited heart. Relaxed, I soon reached my room—where, for the rest of the evening, her image remained with me as excellent company.

My affiliate training in maternity began officially on the morning after Thanksgiving when I was scheduled to appear before the superintendent of nurses. What would she be like? I wondered. Probably very starched, very dignified, and as unapproachable as the Maharajah of Jheel. Apprehensive, and not without a definite feeling of awe, I timidly entered her office—to be Lillian Clayton's achievements loom large in nursing history, and her wisdom and quiet guidance touched all who knew her.

# Lady in White

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by Lillian Saltzman

welcomed warmly by the same gentle-voiced little lady who had wished me a happy Thanksgiving.

From the outset of her superintendency at PGH in 1915, S. Lillian Clayton had made it a practice to greet each new affiliate as she now greeted me—with a smile, a friendly handshake, and a few words of encouragement. Hundreds of young girls thus welcomed had, over the years, spread her spirit of service and humility among untold thousands of patients in the vast hospital where she spent a major part of her career.

Born in 1876 in a Maryland village not far from Philadelphia, Miss Clayton was orphaned early in life and raised by relatives in an atmosphere marked by a puritanical attitude toward all frivolity. The

austerity of her childhood, as well as her own intrinsic qualities, may well have influenced her, early in her youth, to choose work that meant service to others: at 16, she became a helper at Philadelphia's Children's Hospital—where, like most others then engaged in the care of the sick, she worked twelve, fourteen, and sometimes eighteen hours a day under the strictest kind of militaristic discipline, and for unbelievably meager pay. Such a life, however, didn't dampen her youthful enthusiasm—and within a short time she entered the training school at "Old Blockley," as PGH was then called.

Her professional career, which began at the same hospital immediately following her graduation in 1896, was similar in many respects to that of the immortal Miss Nightingale. Imbued with the latter's missionary zeal and deeply concerned with the welfare of her patients and nurses alike, Miss Clayton never ceased to fight for the improvement of hospital conditions—even when it meant a long, uphill battle with city politicians who were only too willing to close their eyes to the poverty, the loneliness, and the suffering of hospitalized indigents.

For a few years, she did private duty work, moving on to administrative posts at Dayton, Ohio, Minneapolis City Hospital, and the Illinois Training School, where she became educational director before returning to "Old Blockley." Her nursing knowledge had meanwhile been supplemented by postgraduate study at Columbia University's Teachers College.

Shy and retiring by nature, thoroughly unselfish, and quietly dignified despite her small stature, Miss Clayton seemed to derive her greatest joy by making others happy. More than once, flowers that a devoted admirer on the PGH medical staff had brought to her desk found their way to the bedstands of bedridden charity patients. On one occasion, her colleagues were astounded to hear that she had given her best coat to a needy elevator operator ("It gave me a lift!" she punned). And legend has it that she tactfully turned her back rather than "catch" a group of student nurses in the act of climbing a

### Five Sisters, Same School



From the Martins Ferry (Ohio) Hospital comes this picture of the five Miric sisters: Ann, Stella, Betty, Mildred, and Helen. Three are graduates of the hospital's Ruth Bryant School of Nursing; two are students.

fence to get back to their quarters after curfew.

Early in her superintendency at "Old Blockley," she persuaded the medical staff to revoke its ruling that interns and nurses were not to mix socially. An ascetic herself, she nonetheless abhorred rules which, as she put it, "opposed human nature." Thus her students were allowed to stay out late several evenings a month—and fence-climbing soon became unnecessary.

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Although she was one of the first advocates of the eight-hour day for nurses, she commonly worked many hours overtime at her desk, frequently ending her long day by rounds of the various wards late at night. She took a special interest in her night-duty nurses, since to her they represented "a line of defense against the terrors of the night."

She particularly loved to visit the maternity ward, where I often saw her stand in quiet contemplation beside a new mother. In the nursery, we took great pride in showing her our newest and tiniest infants; and she never took one in her arms without smiling.

Her solicitude for her students, as well as the loyalty she inspired in them, may best be exemplified by what happened during the flu pandemic of 1918: even though Miss Clayton pleaded with all new students to go home, they insisted upon staying; and when one of

them was fatally stricken with the disease, the superintendent remained at the young girl's bedside, comforting her in her last hours and effectively taking the place of her absent mother.

I shall always be grateful for having spent a Christmas at "Old Blockley" in Miss Clayton's time. It was a revelation to see how this one small woman single-handedly made the day mean so much to thousands of patients and hundreds of nurses. No one was forgotten, no one neglected. This particular Yuletide—her last on this earth, incidentally—clearly proved to all of us what a deep regard she had for the patient as a human being. To her, the individual was sacred.

On Easter Sunday, 1930, Miss Clayton, as was her annual custom, led a procession of nurses along the tree-lined Hamilton Walk and up the winding hillside path in Woodland Cemetery to the grave of the founder of "Old Blockley's" School of Nursing, Alice Fisher. As she stood under the great old tree, she little dreamed that she, herself, would be laid to rest in that same burial plot within two short weeks. She succumbed to meningitis on May 2 after an illness of only two days.

During her lifetime, she was active in international nursing af-

continued on page 110



# Developments

The first form of health insurance to be made available in the U.S., more than sixty years ago, was a policy covering loss of income. In those days of relatively low medical and hospital costs, lost wages or salary loomed far more important than the actual outlay of funds necessary to regain one's health.

The second basic type of health insurance to be developed was protection against the cost of being hospitalized. This coverage was originated back in depression days, not by any insurance carrier, but by a group of Dallas (Tex.) schoolteachers who discovered that their individual salaries were not equal to the burden of a long hospital stay.

From this modest beginning eventually grew the whole Blue Cross movement, one of the great modern success stories. Today, more than 50,000,000 Americans have a substantial part of their hospitalization expenses covered by the nation's eighty-seven Blue Cross plans.

With the cooperation of the medical profession, Blue Shield was created in the early nineteen forties to extend protection to the surgeon's bill—as well as to doctors' bills for other services. By the end of 1955, Blue Shield had insured more than 39,000,000 in whole or in part against surgical expenses and nearly 30,000,000 against certain medical expenses.

As nearly everyone knows by

The phenomenal growth of Blue Cross-Blue Shield is now being duplicated—and bettered—by commercial carriers' activities.

## in Health Insurance\*

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now. Blue Cross and Blue Shield are voluntary non-profit organizations whose phenomenal expansion has been centered from the start on group coverage. Not so well known is the fact that hundreds of commercial insurance companies, large and small, are now vigorously competing with Blue Cross-Blue Shield, and with one another, in all phases of health coverage, group as well as individual. In fact, these companies now insure far more people against surgical expenses than do all the Blue Shield plans; and at last report they had even passed Blue Cross in the number covered against hospital expenses. Nor is the end of this ever-widening protection in sight-for new and more inclusive types of health insurance, which weren't in existence a decade ago, promise even more spectacular growth in the years ahead.

It was in 1948 that the first private carrier launched what is called a major medical policy. This type of policy is designed to supplement conventional hospital and medical coverage, and to protect against the much more damaging costs of catastrophic or protracted illness, such as polio, rheumatic fever, crippling arthritis, or degenerative heart disease. It offers each policyholder much larger indemnification sums than ordinary commercial policies (the maximum may range from \$2,500 to \$10,000 or more);

<sup>\*</sup>Based on a recent article by John C. Perham in Barron's National Business and Financial Weekly.

it remains in force for longer periods; and it requires, of course, larger premiums. Also, it requires the holder to share some of the risk.

This risk-sharing requirement is provided for in two ways: First, by the use of a device common in automobile collision insurancethe deductible. Thus, a major medical policy with a \$100 deductible provides benefits only when the holder's outlay for a given illness exceeds that sum. Secondly, the holder becomes a "coinsurer"which means that he must pay from 15 to 25 per cent of the expenses over the deductible amount. The whole idea is to give the policyholder a financial incentive to avoid needless doctoring or hospitalization.

Since 1948, major medical has been one of the sensations of the insurance business. By the end of 1955, some 5,200,000 persons had major medical policies—and more than 4,700,000 of them had secured such coverage through group contracts in which premiums are paid by joint employer-employe contributions. Major medical now looms large as a subject of labor-management negotiation. The whole trend is, of course, a challenge to Blue Cross and Blue Shield. Some insurance firms have long contended that Blue Cross is not true insurance at all, but simply a prepayment plan-basing their argument on the fact that Blue Cross covers small expenses as well as large ones. "Insurance," says one observer, "is supposed to protect the holder against major disasters, not against minor inconveniences."

The impact of major medical, already great, now promises to become even greater. The most recent development is what is known to the trade as *comprehensive coverage*. This wraps up in one convenient package both the basic hospital-surgical-medical policies and major medical.

As an example of this new look in health insurance, which came into being in 1954, let us consider a few provisions of the all-in-one policy which Metropolitan Life now carries for General Electric Company's employes and their dependents, some 500,000 strong. Besides life insurance, accidental death, dismemberment, and weekly loss of income through sickness or accident, it covers a broad range of hospital, surgical, physician. nursing, and other expenses-as well as off-the-job accidents or sickness for workers and dependents alike, Moreover, it places no limit on the days of hospital coverage, nor establishes any fixed schedule of surgical fees.

Instead, it provides a maximum benefit of \$15,000 payable to any individual, or \$7,500 in any one calendar year. For hospital and surgical bills, the policyholder is required to meet the first \$25 of expense in any one year. Above that sum, the plan pays everything up to \$225, and 85 per cent of anything beyond that, up to the maximum. For medical bills, the policyholder pays the first \$50 in any year. Then the plan takes over, contributing 75 per cent of any further expenditure, up to the limit.

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With Blue Cross-Blue Shield and the private insurance companies battling constantly to sign up new policyholders, both as individuals and as members of employed groups, each type of carrier has advantages of its own to offer. Blue Cross, for example, never pays cash directly to the insured; it offers him instead what it considers



### Thoughts On Reading the Nightingale Pledge

Consider your life a garden
Of kindness along the way:
The seeds are there in plenty,
And free as a summer's day.

Sow these in the world around you Wherever the need be great, And the day is blest that finds you A friend at the garden gate.

Some hope lying crushed and broken May triumph on mended wing; Some heart in the throes of winter May open its doors to spring.

Then the Lord, with so many children Asking only a chance to live, Will be glad for the day He made you, Thrice glad for the help you give.

-Maurice J. Ronayne

a more valuable benefit—the services of the hospital of his choice. (Some Blue Shield plans, however, operate on the cash indemnity principle, the same as all private carriers do.) Furthermore, the taxexempt non-profit plans, have a cost advantage.

The commercial carriers, on the other hand, are in a position to tailor-make policies to cover groups with special needs. For example, they are able to offer rate advantages to all-male groups, whose medical care usually costs less than women's. Also, in signing up employes of nation-wide firms which have plants scattered in many states, an insurance company has the edge over a network of independent Blue Cross-Blue Shield plans, whose premiums and benefits vary widely. ( To minimize this difference, the latter have set up their own national insurance company, Health Service, Inc., and certain other coordinating machinery.) Finally, through the major medical policy, the private companies are able to avoid the piecemeal coverage of Blue Cross-Blue Shield.

On the insurance company side, the recent influx of "big-name" firms (such as Metropolitan Life, Prudential, Equitable, and Aetna) has helped give the business a respectability it has not always had. In the old days, most companies offered short-term health insurance which they could cancel at will, when and if their experience proved unfavorable. But what perhaps was good economics proved to be remarkably poor public relations. There was also some outright misrepresentation by over-zealous agents as to what the policies they sold did and did not cover. Doubtless there was an even larger area of misunderstanding by individual policyholders.

Although Blue Cross and Blue Shield have been well publicized from the start, the private carriers until now have made no concerted effort to tell their story to the public. Today, partly because of the continuing rumblings that Uncle Sam himself soon may grab a stethoscope and hang out his shingle, there is a new stirring within the industry. A public relations agency, the Health Insurance Institute, has been set up in New York City; and last year, two trade associations were combined into a new and presumably more effective Health Insurance Association of America, boasting 254 member companies.

The important thing, though, is that the industry, by and large, has come of age. Today its emphasis is on non-cancellable policies, renewable as long as the policy holder wants—although the premium rate, as with Blue Cross and Blue Shield, may go up if experience is bad.



## The Army's Student Nurse Program

Among the first student nurses to be sworn into the Student Nurse Program of the Army Medical Service were Renee Rogge from Cornell University and Meta Sangster from the Bellevue Hospital School of Nursing, New York City.

Juniors and seniors in schools of nursing from coast to coast are accepting appointment in the program as their first steps toward becoming members of the Army Nurse Corps. When they have been graduated in 1957 or 1958 and have been certified as R.N.'s by their respective states, they will be commissioned as second lieutenants and assigned to active duty for a two or three-year period.

Army Nurse Corps officials have been gratified by the high caliber of the students selected for the program, which was put into effect last year as an aid to meeting the long-range needs of the Army Nurse Corps as well as those of the nation. A large percentage of the appointments are from the upper ranks of the classes and represent leading colleges and universities and hospital schools of nursing throughout the country. The program is designed to enable selected students of proven ability to complete their nursing education with financial assistance.

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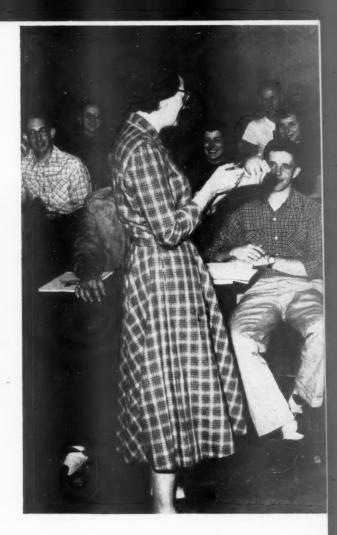


## Schoolgirl at 30

At twenty-nine, Evelyn Miese realized she wanted to be a registered nurse. She entered Mt. Sinai Hospital School of Nursing in Cleveland, even though preliminary tests indicated she might have a difficult time. Determination and hard work saw her through. Now she's going even further with her education; she's getting her liberal arts background at Grinnell College, Grinnell, Iowa. She plans to teach obstetrical nursing one day.

Now thirty-three, Miss Miese attends classes (above left) with fellow students whose average age is nineteen. Allowed 30





by Herbert Prescott

hours' credit for her nurses' preparation at Mt. Sinai, she was admitted to Grinnell in 1955 as a sophomore. She works twenty-five hours a week in the college infirmary in return for room, board, and tuition. Says Grinnell President Howard R. Bowen (above center) about her work as a nurse and a student: "She's doing a good job—for us and for herself."

At the outset, Miss Miese was apprehensive—about college work, her age, and fitting in with younger classmates. She still remembers her first classroom speech (above right). "I was scared," she

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says. "What could I find to talk about? Then the professor suggested that I bring a hypodermic syringe to class and demonstrate its use."

She soon learned that as an R.N. she had much to offer in class and that age makes little difference in dormitory life (above). "It's really a question of the older person losing her self-consciousness about age," she says.





Taking a full schedule of courses, Miss Miese still manages to fit in those twenty-five hours a week of rotating duty as a college nurse (*left*). Before the year ends, she'll be working in the new infirmary and health center going up on the campus (*above*).

Evelyn Miese is glad to be working and studying in the friendly atmosphere of a small liberal arts college. It is giving her the background and confidence to adjust later to life at a large university.

In her two years at Grinnell, she's learned a great deal. Perhaps the most important lessons were not found in text books. In preparing herself for greater service to her profession, Evelyn Miese has learned that with determination it's possible to conquer fears of inadequacy, and that it's never too late to enlarge one's horizon.



Alcohol: Food, Drug, and Poison As a medicine, ethyl alcohol has only minor importance; all its therapeutically desirable actions can be brought about more effectively by other drugs. Yet despite its limited clinical usefulness, the actions of alcohol on mind and body merit detailed study by nurses and everyone else concerned with public health and welfare.

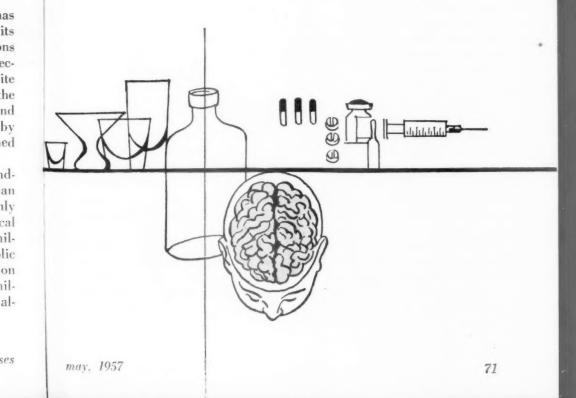
The importance of understanding how alcohol affects human health and behavior stems mainly from its enormous sociological significance. More than sixty million Americans drink alcoholic beverages; nearly four million drink to excess; and about one million may be classed as chronic al-

coholics, according to estimates.

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While the public has become somewhat more enlightened in recent years, the truth about alcohol still lies shrouded in a fog of misconceptions, founded in folklore rather than in fact. Because such false concepts can prevent proper treatment, nurses need to know the scientifically established facts about alcohol. Such knowledge may best be gained by considering alcohol in much the same way we would any other biologically active chemical-in terms of what it does to body cells, and how, in turn, the body handles it.

Contrary to the layman's long cherished notion, alcohol is not a stimulant, but a typical depressant. Like ether and other anesthetics, it can cause every degree of depression, from mild sedation through analgesia to deep coma and death. Alcoholic "stimulation" is actually the equivalent of the excitement stage of anesthesia and, like the latter, results from depression of the cerebral cortex. Released from the inhibitory control exerted by these cortical areas, the lower, more primitive brain centers function more freely. This accounts for the changes in behavior that gen-



erally take place during drinking.

The degree of depression produced by alcohol depends largely on the concentration it attains in the nervous tissues: as with other drugs, its level there at any time after ingestion is the result of a ratio between the rates at which it is being absorbed and eliminated. While it diffuses rather rapidly from the stomach and duodenum into the blood stream, its rate of destruction by the liver and other tissues is relatively slow, resulting in a rapid alcohol build-up in the brain. However, the presence of food in the stomach may slow absorption sufficiently to give the body's detoxifying mechanism time to oxidize the drug and keep the tissue level low.

The reason beer is less likely to intoxicate than distilled spirits is because absorption of its alcohol content is retarded by the starches it contains and by the large volume of liquid with which the alcohol is diluted. Alcohol gets into the blood more quickly when taken in more concentrated beverages; but if the solution is too strong, it may reduce the rate of absorption by promoting pylorospasm and increased secretion of gastric mucous. Alcohol probably acts most rapidly in a highball, where its concentration s intermediate between that of beer and that of straight whiskey.

Relatively low blood levels of alcohol depress the most highly developed brain functions. The blunting of perception it produces may account for both its therapeutic benefits and its popularity. In small amounts, it is probably the most ancient "tranquilizer"; as such, it has been employed by layman and physician alike for relief of tension, anxiety, and fatigue.

This sedative action, and not the increased flow of digestive juices, probably accounts for the beneficial effect of dilute alcoholic drinks on appetite and digestion, whether they are prescribed by doctors as "stomachics" or sipped as pre-prandial cocktails.

This same sedative effect, rather than any direct coronary vasodilating action, may also explain the benefits often obtained in angina pectoris, when whiskey is prescribed for worried patients. Actually, alcohol has few effects on the heart and blood vessels. The reviving effect of brandy or other strong alcoholic beverages, given to people who feel faint, is the result of reflex stimulation of the vasomotor centers, and could be brought about just as readily by the irritating action of spirits of ammonia on sensory receptors located in the pharynx, esophagus, and stomach.

Employed clinically, alcohol can reduce both perception of pain and reaction to it. Dilute solutions, administered by slow intravenous drip, have been used recently in obstetrical analgesia, for the relief of postoperative pain, and for debilitated cancer patients.

This pain-dulling effect is often seen in alcoholics, who sometimes suffer severe injury without being aware of it. Alcoholics are frequently victims of such accidental injury. While alcohol may increase the drinker's self-confidence, his skill and efficiency are actually reduced and his reaction time increased, resulting in a simultaneous impairment of judgment, educated

inhibitions, and coordination.

Because of the important part played by alcohol in causing automobile accidents, considerable medicolegal interest has arisen in the relationships between blood alcohol levels and impaired ability to operate a vehicle. According to the National Safety Council, drivers with more than 150 milligrams of alcohol in each 100 cc. of blood can be considered intoxicated and unfit to drive. Actually, much lower levels may make a driver dan-

#### PROBLE



"GET THE STOMACH PUMP."

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gerous without being legally drunk.

While different individuals with the same amounts of alcohol in their blood may vary considerably in their ability to drive or perform other functions, there is no doubt that increasingly high blood concentrations reflect advancing degrees of intoxication. Tests showing over 450 milligrams of alcohol in each 100 cc. of blood indicate a state of acute intoxication. Such a "dead drunk" individual may indeed die from the direct depressant effects of alcohol.

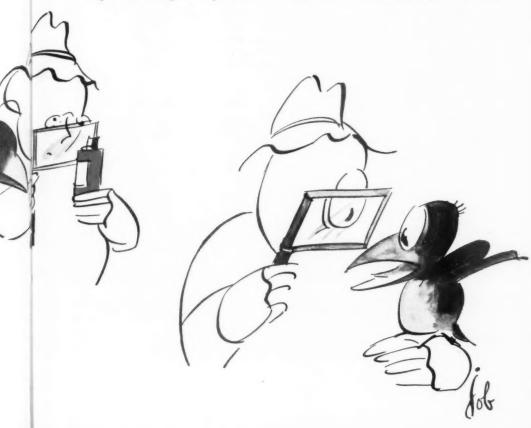
The acute alcoholic syndrome can best be understood by remem-



bering that the drug is an anesthetic that can cause death by respiratory failure and cardiovascular collapse. In addition, alcohol produces a prolonged delirium stage, both during induction of the deep depression and recovery. Its narrow safety margin and long period of violent activity keep it from being a clinically useful anesthetic.

The treatment of a person found in a state of acute alcoholic intoxication depends on whether he is in the excitement stage or has lapsed into coma. If he is deeply comatose, oxygen inhalation may be required, along with parenteral administration of central stimulants, such as caffeine, amphetamine or pentamethylentetrazol (Metrazol). Supportive measures should then be instituted, including intravenous saline and glucose solutions to combat dehydration, and vitamin-mineral supplements. Good nursing care is required to prevent hypostatic pneumonia and other complications during recovery.

Insulin has been advocated for speeding up oxidative detoxification of alcohol still in the tissues. However, some doctors feel that neither insulin nor anything else will accelerate the rate at which



the body rids itself of alcohol; furthermore, they argue that insulin may produce a dangerous hypoglycemia. In any case, it is important to prevent more alcohol from entering the blood stream from the gastrointestinal tract. Emptying the stomach may best be accomplished by gastric lavage; the emetic, apomorphine, while often quite effective, may add to the depression. In either treatment, care must be taken to prevent aspiration of the gastric contents into the lungs.

During the prolonged excitement stage and in delirium tremens, depressant drugs are indicated. The traditional sedatives, paraldehyde, chloral hydrate, and barbiturates, are being replaced by the recently introduced tranquilizing agents. chlorpromazine (Thorazine), promazine (Sparine), and mepro-

#### DRUGS USED IN THE MEDICAL

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#### I. CENTRAL NERVOUS SYSTEM STIMULANTS (Analeptics)

- (1) Caffeine and sodium benzoate
- (2) Dextroamphetamine sulfate (Dexedrine)
- (3) Amphetamine sulfate (Benzedrine)
- (4) Metamphetamine HCl (Desoxyephedrine)
- (5) Pentamethylentetrazol (Metrazol)
- (6) Nikethamide (Coramine)
- (7) Pipradol HCl (Meratran)
- (8) Methylphenidate HCl (Ritalin)

#### II. CENTRAL NERVOUS SYSTEM DEPRESSANTS (Tranquilizers, et al.)

- (1) Chlorpromazine HCl (Thorazine)
- (2) Promazine HCl (Sparine)
- (3) Reserpine (Serpasil, et al.)
- (4) Promethazine HCl (Phenergan)
- (5) Diphenhydramine HCl (Benadryl)
- (6) Hydroxyzine HCl (Atarax)
- (7) Mephobarbital (Mebaral) et al. barbiturates(8) Paraldehyde
- (9) Chloral hydrate
- (10) Ethchlorvynol (Placidyl)
- (11) Methyprylon (Noludar)
- (12) Glutethimide (Doriden)

<sup>\*</sup>The indications for most of the drugs listed in this summary are discussed in greater detail in a recent report of the committee on alcoholism of the council on mental health of the American Medical Association. (J.A.M.A., Vol. 162, p. 1610, Dec. 29, 1956).

bamate (Miltown; Equanil). These drugs may be beneficial in quieting the patient, relieving nausea, and enabling him to wake from a refreshing sleep with good appetite. However, care is required to avoid potentiation of alcoholic depression and other side effects.

Other agents employed for extremely excited patients include the hormones, corticotropin (ACTH) and cortisone, and massive doses of B complex vitamins. While the exact cause of delirium tremens is not known, some authorities believe it is the result of a multiple metabolic disturbance, involving pituitary-adrenal insufficiency and deranged carbohydrate, protein, and fat metabolism. In any event, vigorous efforts must be made to

continued on page 92

#### MANAGEMENT OF ALCOHOLISM\*

AT.

#### III. SKELETAL MUSCLE RELAXANTS (Lissives, et al.)

- (1) Mephenesin (Tolserol; Dioloxol, et al.)
- (2) Mephenesin carbamate (Tolseram)
- (3) Meprobamate (Miltown; Equanil)
- (4) Zoxazolamine (Flexin)
- (5) Tubocurarine chloride (Tubadil; Tubarine)

#### IV. HORMONES AND RELATED PRODUCTS

- (1) Corticotropin (ACTH; Acthar; Adrenocorticotrophin)
- (2) Adrenal cortex extract (A.C.E.)
- (3) Insulin
- (4) Thyroid
- (5) Propylthiouracil

## v. MISCELLANEOUS (Sensitizers, Emetics, Anticonvulsants, Nutritional Supplements, et al.)

- (1) Disulfiram (Antabuse)
- (2) Citrated calcium carbimide (Temposil)
- (3) Apomorphine HCl
- (4) Emetine HCl
- (5) Diphenylhydantoin sodium (Dilantin)
- (6) Azacyclonol HCl (Frenquel)
- (7) Intravenous saline solution with glucose (dextrose) or fructose
- (8) Vitamin B complex and multivitamin products (ex:Tycopan)

Is human welfare endangered by H-bomb testing and increased use of x-rays? Here's how two scientists see the problem.

#### Radiation: How Much Can We Tolerate?

The total amount of radiation to which the average person is exposed has increased markedly during the past decade. But no one yet knows whether continued H-bomb testing, the increasing use of medical and dental x-rays, and such other sources of radiation as the use of shoe-store x-ray machines are having harmful effects on the health of the American people. Scientists studying the problem point out that as yet "not enough is known about radiation to tell the whole story."

"Any radiation that reaches the reproductive cells is a genetic risk, although we are uncertain how great the risk is," says Prof. James F. Crow of the University of Wisconsin. Every bit that strikes the gonads increases the percentage of sex cells harboring mutations, he adds; and when sperm and ova containing mutations are united,

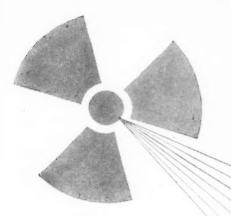
defective offspring may be the result later.

What are mutations?

Inherited physical features (blue eyes, for example, or curly hair) are passed on to generation after generation via minute genes. When a gene's makeup is altered, mutations—such as six fingers on one hand—result.

"But most mutations do not have such conspicuous results," says Professor Crow. "They simply add to our existing health burdens by making persons more prone to disease, by shortening life, or by impairing body functions in many ways."

The National Research Council's Committee on Genetic Effects of Atomic Radiation has pointed out that everywhere on the earth's surface there is always a small amount of radiation—more in some places than in others. This "background"



radiation comes mainly from two sources: radioactive substances (such as uranium and radium) found in rocks and soil, and cosmic rays in the atmosphere—a source which becomes greater the higher one goes.

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Man-made sources of radiation include medical and dental x-rays—which, at present, are said to be the most important, by far—and the fall-out of atomic explosions. In such explosions, the huge clouds of radioactive particles thrown into the air are, in some instances, carried great distances by the winds and gradually settle over the whole earth. To date, the amount of radiation from H-bomb testing has, according to Professor Crow, been "much less than that from natural sources."

"However," he adds, "this does not mean it is entirely harmless. Disagreement occurs on the dangers of radioactive bone-cancerproducing strontium-90 because we don't know how harmful it is. We haven't had enough experience with it on man.

"Medical and dental x-rays and fluoroscopic examinations are a necessary adjunct to scientific medicine. But every precaution should be taken to minimize the amount of radiation received by the reproductive cells. This can usually be done by proper shielding."

Professor Crow believes that the benefits of radiation must be balanced against possible harm to future generations. "In my opinion," he says, "such things as x-ray shoefitting machines are likely to do more harm than good."

The genetics committee has suggested that accurate records be kept

continued on page 112

#### NEWS

#### Collaborative Research on Multiple Sclerosis is Begun

Multiple sclerosis, one of the "mystery" diseases of medicine, is under investigation in collaborative research just begun by the Veterans Administration, the National Research Council, and the National Institute of Neurological Disease and Blindness of the National Institutes of Health.

The project is aimed at finding what role, if any, is played in the development and progress of the disease by geographic, climatic, and allied environmental factors.

Multiple sclerosis strikes mainly at young adults. About 100,000 persons in the United States are afflicted today. The disease brings about the destruction of the myelin sheath, the covering that protects the nerves of the brain and spinal cord in healthy individuals.

The collaborative study will concern itself with members of the armed forces and veterans who have developed the disease during and since World War II.

The doctors participating in the project are particularly interested in learning in what latitudes, climates, and geographic areas these people have lived.

Since multiple sclerosis is more prevalent in the northern United States and Canada than in the South, an effort will be made to determine if veterans contracting the disease have benefited if and when they have moved to warmer climates.

#### Nerve Gas Film Available For Showing to R.N. Groups

A half-hour color film, graphically describing how an aggressor might deal swift death to thousands of Americans by using nerve gas in an attack on the United States, is available from the Federal Civil Defense Administration, Battle Creek, Mich., for local showings to nursing, health, and other professional organizations.

The film, entitled "Nerve Gas Casualties and Their Treatment," portrays the effect of nerve gas and the treatment of casualties. An animated chart is used to show how the gas acts on the human nervous system and army personnel depict symptoms of nerve gas poisoning under simulated attack conditions. There is a review of the early signs

of nerve gas poisoning, a demonstration of various civil defense protective devices, and an explanation of proper techniques of first aid and artificial respiration.

Nerve gas was developed by Germany during World War II. The gases consist of a series of chemical compounds that attack the central nervous system. Such gases may be absorbed anywhere on the body's surface.

#### New Procedure May Increase Number of R.N. Graduates

A new, deferred admissions procedure aimed at increasing the number who graduate from the School of Nursing at Ohio State University will be placed in effect next September. Under the program, admissions to the school will be determined at the end of the students' freshman year in the university, rather than at the start.

High school graduates interested in nursing as a career will be admitted in unlimited numbers to the College of Arts and Sciences as freshmen. At the end of threequarters of their freshman year as many as possible will be admitted for the three remaining years of the nursing program on the basis of records made in preparatory work, interviews with the School of Nursing staff, certain tests recommended by the school, and the student's health record.

The number of students admitted to nursing training at Ohio State is limited by clinical facilities, classrooms, and teaching staff available. Through the screening effect of the new admission procedure, the school hopes to fill the places available with students most apt to complete the training.

## Student R.N.'s Study In Child Behavior Centers

On the theory that you've got to recognize a well child in order to know a sick one, student nurses from four hospitals in Dallas, Texas, are spending from one to five days each term in the day care centers of the Dallas Day Nursery Association.

Under the intraining program, which is conducted forty-two weeks a year, each student is assigned to a particular child at the nursery. She makes her observations while working with all the children in the group, noting behavior under

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different situations in contrast to the behavior of children in the same age group and in other age groups. The children range in age from two to six years old.

After her tour of duty in the nursery, the student nurse reports in class what she has learned.

The hospitals participating in the program are Methodist, Parkland, Baylor, and Texas Children's Hospital.

#### Refresher Course Planned

A refresher course for inactive nurses who would like to return to nursing, but hesitate to do so with a "brush-up" is now being planned at Duke Hospital, Durham, North Carolina. The course will be designed for nurses interested in either part-time or full-time work.

The tentative proposal for the course, for which there will be no charge, calls for weekly sessions of study and practice over a period of several weeks. Nurses will review standard practices in addition to getting acquainted with new drugs and techniques that now play a vital role in patient care.

"Although many new techniques have been adopted in nursing, the fundamentals remain unchanged," says Lelia R. Clark, director of nursing service at Duke Hospital. "The refresher course will adapt these basic principles to current nursing procedures."

Miss Clark points out that expansion of facilities at the hospital has created openings for nurses in all services. Nurses may work as little as four hours per week. Parttime salaries at Duke are proportional to the base pay of \$260 per month for full-time general duty nurses, she says.

#### Ads Warn Parents Against Possible Disease Outbreaks

Possible outbreaks of diphtheria, whooping cough, and tetanus due to parents' failure to get booster shots for their children has caused one drug firm to take space in newspapers in the United States and Canada for "An Open Letter to Mothers and Dads." Says the campaign, which is being sponsored by Parke, Davis and Company:

"Despite constant work and vigilance on the part of public health officials, physicians say that complacency and laxity about immunization programs—on the part of parents—can create potentially dangerous situations through the country.

"In Detroit, for example, a recent outbreak of diphtheria—the disease everyone thought was under control—struck down 168 children, five of whom died. Last year, more than 2,000 cases of diphtheria occurred in the United States . . . and most all of this suffering and heartbreak could have been prevented, if parents had made sure their children were protected by adequate immunization."

The open letter also emphasizes that three-way protection against diphtheria whooping cough, and tetanus is now provided in a triple





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# Treatment mucosity\*

\*(excessive mucus discharge)

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for soothing mucous membranes

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That's why leading physicians, including eminent Rhinologists and Gynecologists, recommend Glyco-Thymoline so highly for "mucosity" (abnormal, excessive mucus secretions). You too can recommend Glyco-Thymoline freely with complete confidence. Pleasant, deodorizing, refreshing, Glyco-Thymoline is available at your local drug stores without a prescription. Suggest the large economy size to your patient.

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Gentlemen: of Glyco-Thy	Please			(free)	sample
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Address					R.N.

immunizing agent which reduces the number of injections.

The campaign is currently appearing in approximately one hundred newspapers in fifty cities.

#### Hospital Opens Nursery For Nurses on Evening Shift

A nursery for children of nurses working the 3 to 11 P.M. shift has been installed at Richmond Memorial Hospital in Virginia. Administrator Harold Prather came up with the idea as a possible solution to the problem of obtaining nurses for the evening shift.

The four-bed unit is located at one end of the pediatric floor and is under the supervision of Mrs. Anna S. Milford, chief nurse. One of the hospital nurses' aides, with baby sitting experience, is in attendance. Mothers pay a nominal fee for care of their children, which includes meals or formulas.

Hospital executives hope that more mothers of small children will decide to nurse during the evening shift and that nursery attendance will grow. "Eventually we plan to buy real nursery equipment," says Mrs. Milford, "and keep the room open during the morning hours as well."

#### New Booklet for R.N.'s: 'The Circulatory System'

A booklet designed to help the nurse add to her knowledge of cardiovascular disease and augment her skills for better patient care has been published by the Public Health Service, U.S. Depart-

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ment of Health, Education, and Welfare.

Entitled "The Circulatory System: Normal and Abnormal Conditions," it brings together, for the first time, illustrations and text on the circulation directed toward cardiovascular disease nursing practice. The guide is also intended as a time-saver for the instructor in the school of nursing; for the individual nurse in her own study and for use with her patients; and for staff education in the hospital, industry, or public health agency.

The booklet may be obtained by writing to the U.S. Government Printing Office, Washington, D.C. for Public Health Service Publication No. 482. The price is 45 cents.

#### Conference to Discuss All Aspects of Maternal Care

All aspects of complete maternity care are scheduled for analysis and discussion at the Seventh American Congress on Maternal Welfare to be held at the Palmer House, Chicago, July 8-12. (Previous meetings convened as the Congress of Obstetrics and Gynecology.)

In a program featuring panel and round table discussions, breakfast conferences, luncheon sessions, and a laymen's forum, speakers and discussants will pursue the answers to: (1) What is complete maternity care? (2) Who provides it? (3) How is such care provided? The entire program has

been arranged under the leadership of Dr. F. Bayard Carter, head of the department of obstetrics and gynecology at Duke University, and Dr. Samuel B. Kirkwood, Massachusetts' public health commissioner and a member of the faculty at Harvard Medical School.

All topics will deal with the interprofessional approach to maternal and infant welfare. To afford maximum opportunity for audience participation, the program committee includes representatives from obstetrics, gynecology, general practice, pediatrics, anesthesiology, nurse anesthesia, nursing, nutrition, public health, hospital administration, mental hygiene, and social service.

For further information, address the American Committee on Maternal Welfare, 116 South Michigan Avenue, Chicago 3, Ill.

#### Private Duty Nursing For Military Dependents

Servicemen's dependents, now covered by health insurance under provisions of the Dependents Medical Care Act, are granted private duty nursing care on a limited scale, according to a recent directive which says that if the patient's physician certifies the need for such in-hospital care "75 per cent of the charges in excess of \$100 . . . will be paid by the government."

Inasmuch as the act provides for the payment of physicians' fees in



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# SHE'D RATHER TALK TO YOU ABOUT PIMPLES

Young people do not find it easy to talk about pimples. Only two people easily available to the adolescent can offer advice with assurance that it will be gratefully accepted. One is the mother and the other is the nurse known in school, doctor's office, or elsewhere. Actually, the nurse, because of her professional stature and knowledge, can succeed in helping with this problem where a parent often fails.

There is now a clinically-proven medication for pimples which you can recommend with complete confidence . . . CLEARASIL Medication. In skin specialists' tests on 202 patients, nine out of every ten cases of pimples were cleared up or definitely improved while using CLEARASIL. Many nurses do recommend it, as a recent survey of readers of this magazine showed . . . CLEARASIL was recommended 2 to 1 over any other product for pimples.

CLEARASIL Medication combines sulphur and resorcinol in a new, scientific, oilabsorbing base . . . a formulation that works to end pimples with a gentle, penetrating, drying action. And its mild antiseptic action works deep to stop growth of bacteria that can cause and spread pimples. Skin-colored, too . . . hides pimples while it works.

CLEARASIL is guaranteed to help clear skin fast or money back. 69¢ and 98¢ at all drug counters. For free, professional sample of CLEARASIL and copy of clinical report, write EASTCO, INC., Box 260-RNB, New York 46, N.Y.





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full, the American Nurses Association has reportedly been endeavoring to secure a more equitable ruling covering the allowance for private duty nurses.

#### CAPSULES

A NATUROPATH in Maryland wants the Supreme Court to declare unconstitutional the state's Medical Practice Act because it violates antitrust laws by giving conventional medicine favored status as a system of healing.

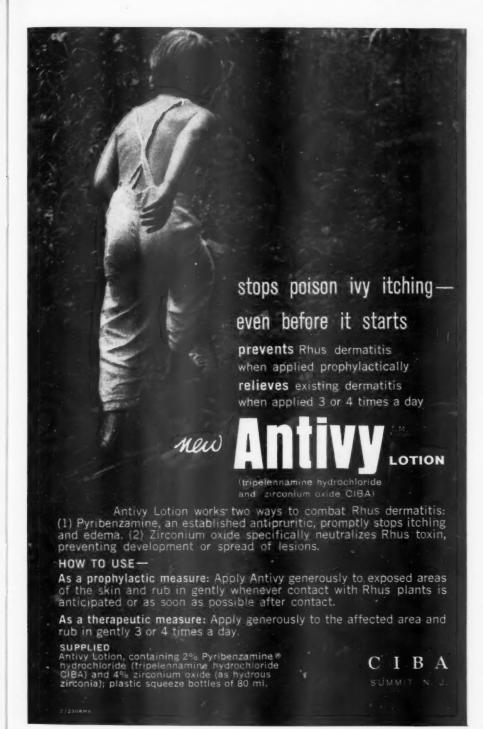
TREATMENT DEVICES are coming under the attention of the Food and Drug Administration. The agency is drafting a bill requiring safety testing of such devices before they may be placed in interstate commerce. The proposed amendment would, in effect, do for devices what the law already demands of manufacturers of new drugs.

NURSE RECRUITMENT program at the Women's City Club in Cleveland, Ohio brought together two high school students from each of the Greater Cleveland high schools for luncheon.

#### ABOUT PEOPLE

While several people stood by helplessly, Kay Guthrie, a nurse at Ohio Valley General Hospital, Wheeling, W. Va., plunged into the icy waters of a swollen creek one midnight not long ago to rescue

R.N.—a journal for nurses



may, 1957

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ne ue a drowning woman . . . Mrs. Frank H. Briggs, wife of an Air Force captain and a nurse, delivered her own baby unaided at Billerica, Mass., when a storm prevented help from reaching her in time . . . "A nurse has to be a mechanic now," says Laura Allen, Nebraska's oldest nurse in years of service. "But I think that bedside nursing is still all-important, despite all the technical advances," she adds. Miss Allen, who lives in North Platte, is beginning her fifty-sixth year in nursing . . . Dorothy M. Kipnis was recently appointed to the staff of the Division of Nursing Resources, Public Health Service, as a research psychologist to assist in the development of social studies in nursing . . . The same agency has loaned Fave G. Abdellah to the Western Interstate Commission for Higher Education, Dr. Abdellah will serve as a consultant to the newly established Council on Higher Education for Nursing, a subdivision of WICHE, and will help develop a "Continuation Study Program" comprised of nine study conferences during the next three years . . . The board of directors of the American Journal of Nursing Company has appointed Edith Patton Lewis acting editor of the American Journal of Nursing . . . Margaret G. Arnstein, chief of the division of nursing resources, U. S. Public Health Service, moves up to the post of chief of public health nursing July 1, succeeding Pearl McIver, who has accepted an appointment as executive director of the American Journal of Nursing Company starting August 1. Miss Arnstein's present position will be filled by her present deputy chief, Mrs. Appollonia O. Adams . . . Attending a six-week course at the Army Medical Service School, Ft. Sam Houston, Tex., is 1st Lt. Silvia M. Law, the first Army National Guard nurse to serve on active duty.

"A nation which for years cheerfully contributed funds to find protection from polio soon may be in the odd position of having to raise money to get people to use it!" —Long Island, N. Y. Star-Journal

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Soothes...softens...stimulates healing. Tashan Cream 'Roche' combines vitamins A, D, E, and d-panthenol in a non-sensitizing, cosmetically pleasing, absorptive base. Not sticky or greasy. Available in 1-ounce tube for personal or patient use without prescription.

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More nurses prefer and use Lanol-White than the next 3 brands combined. That's what a recent survey in a leading nursing magazine\* revealed. Nurses like the way Lanol-White removes dirt completely, makes shoes whiter than new, stays on longer.. the way it helps keep their shoes kitten-soft, too.

Only 25¢ In bottles and in tubes.



by the makers of Esquire Boot Polish

#### ALCOHOL

continued from page 77

terminate the toxic state and correct physical and psychic abnormalities quickly, as the death rate during "D.T.s" is strikingly high.

After the acute hallucinatory stage, often called the "horrors," has passed, measures must be taken to rehabilitate the patient by medical, dietary, and psychotherapeutic management. Many of the medical measures are based on observations that lead some experts to feel that chronic alcoholism is a metabolic disease. According to one view, it is the result of an endocrine disturbance which predisposes some people to habituation and addiction. The idea that addiction stems from exhaustion of the adrenal cortex has led to the routine use of cortical hormones. However, most authorities believe that hormonal imbalance is the result, rather than the cause, of alcoholism and that endocrine therapy is justified only as an emergency measure.

Another theory claims that craving for alcohol comes from an inherited metabolic pattern that prevents the body from utilizing normal foodstuffs to synthesize enough hormones. Alcoholics, according to this view, have an abnormally high requirement for certain nutritional elements. As a result of experiments relating a craving for alcohol in rats to a vitamin-deficient diet, some alcoholics have been treated with high vitamin B



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#### THERE'S

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For greater product effectiveness in minor dermal disorders . . .



Effective treatment and aids in preventing

- BED SORES
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As a skin "first aid" HOLLANDEX OINTMENT with Vitamins A and D (as contained in natural Cod Liver Oil) helps promote skin healing. To further fortify and assure aid in healing tender skin surfaces by helping to prevent infections, HOLLANDEX contains a mild non-irritating but effective antiseptic . . . Hexachlorophene.

An outstanding characteristic of this smooth, creamy, water repellent ointment is its unique property of providing an imperceptible protective film over the skin. This is of material benefit in providing a barrier between the skin and outside irritants. The specially formulated, deep penetrating base containing improved lanolin aids in lubricating and relieving certain conditions marked by abnormal skin dryness.

If you want a protective and therapeutic cintment that will soothe and accelerate skin healing Recommend and rely on . .

Hollandex ointment

Write for Professional samples.

Not a cosmetic but a medicated ointment

Holland-Rantos Co., Inc. Manufacturers of KOROMEX Products, New York 13, N. Y.

#### You can use and recommend Lavoris with confidence!



#### A MOUTHWASH,

to be really effective and worthy of your recommendation, must be detergent, deodorant and astringent.

Only by combining these three properties can it accomplish thorough cleansing and stimulation with resulting improvement of tissue tone and resistance.

#### THE UNIQUE

chemo-mechanical cleansing action of Lavoris makes it a valuable adjunct to oral hygiene. It changes sticky, mucoid deposits into a non-adherent form.

These deposits, with their accumulation of epithelial debris and putrifying food particles, are then easily washed away.

#### THE ASTRINGENT

action of Lavoris leaves mouth and throat tissues stimulated and refreshed. And because Lavoris is pleasant tasting, patients will gladly co-operate.



LAVORIS

#### ACTIVE INGREDIENTS:

Zinc chloride, formaldehyde, menthol, oils of cinnamon and cloves, saccharin and alcohol 5%.

Kindly send me a complimentary supply of Lavoris

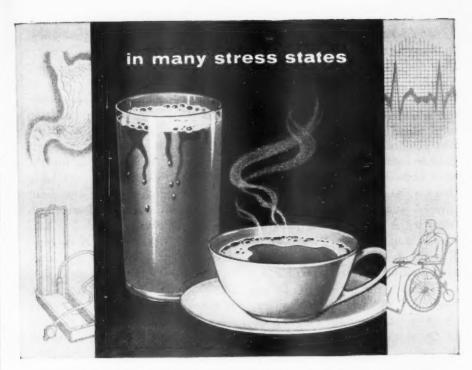
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complex supplements to compensate for the postulated deficiency. To date, however, evidence that vitamin and other dietary treatments diminish the desire to drink is inconclusive, though most doctors agree that such measures may restore some semblance of normal health and well-being.

Most of the organic damage seen in chronic alcoholics is now believed to be the result, not of the direct toxic effects of alcohol, but of prolonged dietary deficiency. Cirrhosis of the liver, brain damage, and polyneuritis, formerly attributed to some sort of chronically corrosive effect of alcohol, are now known to result from malnutrition.

But why would the alcoholic rather drink than eat, and how can he get along without food for so long? One reason is that alcohol is not only a drug but a high energy food stuff capable of supplying a large part of a person's daily caloric requirements. Indeed, because alcohol can serve as a source of quick energy, some beverages, such as beer, which also contains carbohydrates and proteins, have been advocated for convalescents. Unfortunately, alcohol contains no vitamins, minerals, proteins, or any other dietary essentials needed for the cellular metabolic processes. Consequently, heavy drinkers eventually suffer from multiple deficiency diseases, the result of their diminished desire for more nutritious foods. Sometimes, too, the alcoholic cannot take food, even when he wants to, because chronic



# nutritional support can easily be given as part of the diet

Ovaltine provides a wealth of essential factors which aid the body against the detriment of various stresses. And Ovaltine's chemical and mechanical blandness combined with good taste make it especially valuable in many bland diets.

Ovaltine is a soothing, nourishing, well-tolerated beverage that's ideal for use in many stress states where stimulating beverages are usually contraindicated.

Patients like Ovaltine hot or cold, at any time of the day.

Three servings of Ovaltine and milk provide:

MINERALS	VITAMINS
*Calcium 1.12 Gm. Phosphorus 940 mg. *Iron 12 mg. Copper 0.7 mg. Iodine 0.2 mg. Fluorine 0.5 mg. Cobalt 0.006 mg. Sodium 560 mg. Chlorine 900 mg. Magnesium 120 mg. Manganese 0.4 mg. Potassium 1300 mg. Zinc 2.6 mg.	"Vitamin A.         3200 l.U.           "Vitamin D.         420 l.U.           "Ascorbic acid.         37.0 mg.           "Thiamine.         1.2 mg.           "Riboflavin.         2.0 mg.           Pyridoxine.         0.5 mg.           Vitamin B1z.         5.0 mcg.           Pantothenic acid.         3.0 mg.           "Niacin.         6.7 mg.           Folic acid.         0.05 mg.           Choline.         200 mg.           Biotin.         0.03 mg.
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# Ovaltine 3

The World's Most Popular Fortified Food Beverage
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gastroenteritis causes nausea and faulty functioning of the absorptive and assimilative processes.

While vitamins, hormones, and tranquilizing drugs may all be of some temporary benefit, no dietary or medical measure alone can arrest alcoholism. To help the alcoholic to overcome the problems that have caused his condition, psychotherapy is also required. The nature of such treatment varies in accordance with each patient's mental and emotional limitations. Rapport between doctor and patient is always essential; only by encouraging the patient to express freely his feelings of fear, anger, and frustration can the doctor hope to get at the real reasons for the drinking and reach the goal of

treatment — a state of permanent sobriety.

Unfortunately, the alcoholic's good intentions tend to fade as time goes by and anxieties accumulate. He may then seek relief from tension by beginning to drink again. But because even a single social drink is impossible for the alcoholic, one drink inevitably leads to another until the bout terminates finally in physical illness or delirium.

Recently, new drugs have been developed to help keep the alcoholic from drinking. These drugs, of which disulfiram (Antabuse) is the most widely used, sensitize the patient to alcohol, so that ingestion of even a small amount will make him violently ill. Fortified by

#### Just what the doctor ordered

In the treatment of chronic constipation, often complicated by biliary stasis and impaired digestion, many of your doctors prescribe Caroid and Bile Salts Tablets with Phenolphthalein. They know that it is formulated to provide needed corrective therapy by its 3-way action:

- 1. Choleretic stimulates the flow of bile.
- 2. Digestant aids protein digestion.
- 3. Laxative stimulant laxative for peristaltic action.

#### CAROID® AND BILE SALTS Tablets

Samples On Request

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#### MISS PHOEBE

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"Heavy? Don't be silly, Aunt Phoebe! What's hard about carrying lightweight E & J chairs?"



E & J chairs are lightweight — yet no wheel chair on the market is stronger or has better balance.

E & J's modern good looks and

effortless handling overcome "wheel chair shyness" and invite activity.

For patients young or old, you can recommend an E & J with confidence.

There's a helpful E & J Dealer near you

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E & J Power Drive Chair runs, turns, steers with one-knob control the knowledge that drinking can only make him miserable, the alcoholic taking a daily dose of disulfiram is better able to resist any sudden impulse to down a quick drink. If taken regularly, the drug gives the patient a chance to meet his without problems recourse drink, and shows him that he can get along without it. Meanwhile, the physician gets time, during the prolonged abstinence period, to apply psychotherapeutic techniques.

Another drug introduced recently is citrated calcium carbimide (Temposil). Like disulfiram, it acts by interfering with the metabolic breakdown of alcohol: this toxic metabolite piles up in the blood to produce a characteristic bright red flushing of the face and neck, a

severe pounding headache, and various discomforting cardiovascular symptoms. The claim that this syndrome is less dangerous than the Antabuse-alcohol reaction has not been substantiated; but recent reports indicate that calcium carbimide may be free of certain side effects that occur occasionally with the prolonged use of disulfiram.

Although such new drugs are useful adjuncts in the treatment of the alcoholic, real progress in the fight against addiction depends upon advances in basic biological research, A program of fundamental research, costing only a fraction of the present annual billion dollar bill for alcoholism, might make it possible to control and cure the condition. (( ))





PATIENT LIFTING See your Medical Supply dealer or 79 write Dept. L.

In use with therapy tank, Interchangeable I

head rest accessory.

THERAPY REHABILITATION PORTO-LIFT Mfg. Co. Higgins Lake . Roscommon, Mich. Patient Lifting Problems"

Whether you're faced with a difficult prone lift, or a simple transfer from bed to wheelchair or to bathtub . . PORTO-LIFT will do it for you with maximum ease and effi-

ciency.
What's more, PORTO-LIFT's smooth and gentle hydraulic action adds so much to the patient's com-

fort and peace of mind.
Specify PORTO-LIFT
... for greater staff efficiency and an end to the old fashioned physical strain of moving patients by hand.

98

R.N.—a journal for nurses



80% of the A-D-C prescribers surveyed agreed that basic supplementation should include  $B_6...$ 

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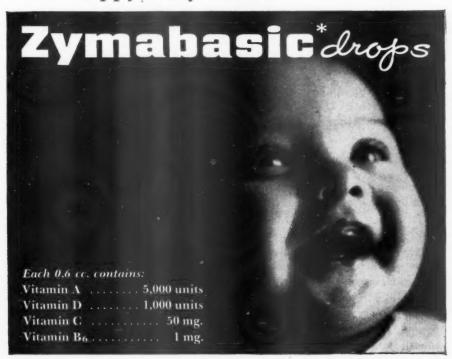
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the "happy baby vitamin"\*\*



\*\*Irritability, wakefulness, and regurgitation may be due to a deficiency of B<sub>6</sub>.

Supplied: 15, 30, and 50 cc. dropper bottles

Dosage: 0.3 cc. to 0.6 cc. daily

\*TRADEMARK

Upjohn

continued from page 46

is kept in an admission book. A notation is made on the chronological health record of each student upon each visit. A cross-filing system is being initiated in each school so that guidance counselors are alerted to major health problems of individual students.

A variety of miscellaneous activities have been performed by the nurse-aides. Some of these are: sponsoring of Future Nurses Clubs: working with records of handicapped children for school census purposes; talking to classes on health topics; sponsoring of Red Cross, March of Dimes programs; collecting old eyeglasses for Lions Clubs and Eyes for the Needy; participating in PTA programs on health; preparing bulletin board and window displays; maintaining of files of health materials for student use; raising funds for student nursing scholarships; helping to plan health aspects of career days; teaching of first-aid courses; taking responsibility (at principals' direction) for student insurance programs; accompanying school groups after school hours; handling first aid for teacher-training institutes; acting as chairman of health and safety committees for the schools: scheduling of students selected for speech screening and therapy classes; undertaking projects of an educational nature with students who are active in the health suites.

As always in any new health service program, there are some problems at the outset which take time to resolve and alleviate.

There has been carelessness in referrals on the part of school personnel to the nurse-aides in spite of procedures established to prevent this. Attempts are being made to show that attention directed to the more serious problems will benefit the whole school. The nurse-aides have found that while they are adhering to the first-aid policies set for schools, many of the athletic instructors are not. This raises the question of whether or not there should be a different set of policies for athletics. Some progress has been made.

One troublesome problem, however. for the nurse-aides has been the lack of county facilities and public health department personnel to follow through on the major health problems found among students. There is not only an insufficient number of public health nurses to visit schools as frequently as needed, but no one person in the health department is specifically responsible for school health service problems. The advisory committee, at the beginning of the nurse-aide program, recommended that this program should be administered by the board of education and the technical supervision should be furnished by the health department. The supervisor of health education and health services, now charged with the responAn Odeal Antacid-Laxative



### CONFIDENCE

In every field there are a very few products whose quality and demonstrated dependability over many years give them a position of pre-eminence over all others. It is this dependability which inspires confidence and universal acceptance of Phillips' Milk of Magnesia. Known and recommended throughout the world for over 75 years.

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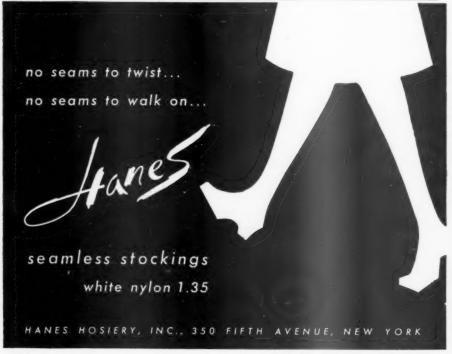
sibilities of the administration of the nurse-aide program for the board of education, heartily endorses this recommendation. The current budget of the county health department currently provides for a nurse supervisor for the school health program.

County health department personnel show an increasing acceptance and appreciation of the program. There is still, however, as predicted, the confusion on the part of the county commissioners and leaders of various organizations as to the difference between nurse-aides (nurses!) in a school program and public health nurses. This is a major problem, but, to date little progress has been made toward resolving it. This problem,

and the lack of established and consistent communication with the county health department, constitute the most serious obstacles.

Even though the majority of nurse-aides are registered nurses, the program is operating satisfactorily within the schools as a first-aid program. This is due to the intensive effort made to reorient the group and the high caliber of individuals working in the program. Selective employment has been possible because of the demands for positions.

While there are the problems within the schools that need further attention, progress is being made. School personnel and parents are apparently pleased with the nurse-aide program.



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#### to help assure a nutritionally perfect pregnancy

Each Engran Tablet supplies:

Vitamin A 5,000 L	J.S.P. Units
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Vitamin K (as menadione)	0.5 mg.
Thiamine mononitrate	
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(as calcium carbonate 375 mg.)	
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# **ENGRAN**

Squibb Vitamin-Mineral Supplement

# TERM-PAK

250 economical Engran tablets plus attractive, purse-size, tablet dispenser

- maximal dosage convenience just 1 small tablet daily
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Also available: Engran tablets, bottles of 100 and 1000.

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#### modern woman's way

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Far more effective than any homemade solution, yet safe for delicate tissues — Zonite for the douche!

Today, thanks to nurses' recommendations, many women are discovering an intimate "clean feeling" they've never known before. They are discovering Zonite – the modern woman's way to internal cleanliness.

Zonite is a *proven* antiseptic, based on the trusted Dakin's solution you know so well . . . far more effective than homemade douches. In fact, Zonite is the one effective liquid specially made for feminine hygiene.

Recommend this modern woman's way to internal cleanliness.

For a *free* professional sample of Zonite, write Dept. RN-17, Zonite Division, Mountain View, N. J.

**Zonite**<sub>®</sub>



Personal Antiseptic

#### SHOWER TEACHER

continued from page 52

times, I competed with Dorothy Dix. (Typical questions: "Should a girl of 16 go steady?" "Should you kiss on your first date?") But I answered all questions as best I could. At any rate, the sessions provided the girls with something which the regular teachers, pressed for time, couldn't offer—namely, the chance to talk about personal problems with an adult.

As part of their vocational training, the girls received practical experience in child care in the school's own nursery school, which is supervised by nurse-teachers. Fortunately for me, my son was just the right age for the nursery school, and my working hours corresponded with his school schedule. So, even though being a shower teacher wasn't actual nursing, the experience was a happy and useful one for us both.

several Chicago Hospitals have adopted extended visiting hours covering the entire afternoon and early evening instead of the usual short periods. Nurses, doctors, and dietitians reportedly approve the new arrangement. They say it has helped to eliminate complaints of anxious visitors, and has relieved commotion and congestion. Relatives stagger their visits; there is no waiting line for passes, and less question-asking.

# anatomically correct rectal tube minimizes injury hazard

When administering an enema, it is unnecessary to force fluid high into the rectum. Instilled just beyond the internal anal sphincter, an enema induces increased pressure, resulting in colonic peristalsis.

The pre-lubricated rectal tube of the FLEET ENEMA Disposable Unit is of anatomically correct design to deliver fluid most effectively while minimizing injury hazard . . . another reason why FLEET is rapidly becoming a Disposable Unit of choice whenever an enema is indicated.



# FLEET® ENEMA

Disposable Unit

contains per 100 cc. 16 Gm. Sodium Biphosphate and 6 Gm. Sodium Phosphate . . . an enema solution of Phospho Soda (Fleet).

C. B. FLEET CO., INC. Lynchburg, Virginia



continued from page 50

perficial knowledge of the functions and activities which the school health nurse preforms in a much wider and broader scope. She may feel in time that she too is capable of carrying out the functions and responsibilities of a school health nurse. (The terms school health nurse and public health nurse are used interchangeably.) This feeling may well culminate in a request to be admitted to the public health nursing staff. This could become a serious situation, especially if there is parent or teaching personnel support to such a request. It could result in pressure to lower our professional standards for employment of school health personnel and might also result in inferior nursing.

¶ In many of our communities we have not entirely succeeded in supplanting the old idea (of giving first aid and inspecting children for suspected communicable diseases) with the modern concept

of a school health program as we know it today. We still have a selling and interpreting job to do—a job we can accomplish only with well-prepared personnel, who are capable of demonstrating the superiority and worth of the program we believe in.

It is part of human nature that, at first, any change in a setup, which has become a comfortable and accepted routine over the years, becomes an annoying and disquieting factor. We do not want to change something which has been very satisfactory to us. And so, it has been difficult for many of us to interpret the newer concepts of a school health program to our superintendents and principals.

Many are not yet quite convinced when we insist that first aid can be given effectively by lay persons, namely teachers, and that children with suspected symptoms of communicable diseases should be promptly sent home by teachers, without waiting for the nurse's verification.

Some superintendents are not

# "Nurse! Oh, please do something for this awful itching!"

When a patient cries out for relief from the itching or burning torment of dry eczema, simple rectal or vulval irritation or chafing—many nurses rely on soothing Resinol Ointment. Resinol medication is held in contact with itching skin by a lanolin rich base, prolonging its comforting action and permitting relaxed rest. 60 years a blessing to skin sufferers.

May we send you a convincing sample? Write Resinol, RN-52, Baltimore 1, Md.

11/4 ounce and RESINO
31/4 ounce jars RESINO

Al oll diuggists Little
How doctors win friends ...



The Flavor Remains Stable down to the last tablet.

25¢ Bottle of 48 tablets (11/4 grs. each).

#### THE BAYER COMPANY DIVISION

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#### CONVENIENT ANT-ACID

For patients who must stay on the job



#### Easy to Carry. Pleasant to Chew Fast Efficient Results

The formula of BiSoDoL Mints readily indicates why they afford such prompt and effective relief from heartburn and indigestion due to gastric acidity. No side effects. No constipation. No acid rebound or alkalosis. Free from sodium ion — BiSoDoL Mints help restore the normal pH of the stomach to maintain the optimum in physiological functioning. Most convenient for working patients to carry in their pocket or purse.

composition: Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.



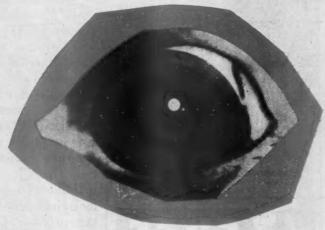
WHITEHALL PHARMACAL COMPANY . NEW YORK, N.Y.

yet convinced when we maintain that our greatest contribution can be made in other areas, such as the teacher-nurse conferences, to mention only one, where we pick up clues of deviation from the norm in physical and emotional health, and that these clues, when followed, may lead to the prevention of some serious illness later on.

It is a fact, rather readily admitted by some superintendents and principals who have not wholly accepted the public health nurse as a member of the professional team, that they prefer her to function strictly as a clinic nurse. I feel that this is a transitional period and we should guard against any weakening influence which may swing the pendulum back to where we started, namely, applying band-aids and looking for signs of measles and mumps. We still do a goodly share of this as it is. I would, therefore, like to re-emphasize that the employment of a registered nurse as a nurse's aide is not only unfair to that nurse as a professional person, but it is also not sound practice for the school health department in the light of the potential disadvantages inherent in such a situation.

A 60-PAGE MANUAL, "Swimming for the Handicapped," designed to simplify the job of teaching handicapped persons to swim, may be obtained from local chapters of the American Red Cross or from any of its area offices. does not burn or irritate the eyes

PROOF



No evidence of irritation after introduction of Johnson's Baby Shampoo into conjunctival sacs of rabbits three times daily for 15 days.

- · nonsensitizing, hypoallergenic
- · combats scaling, crusting, cradle cap
- · cleanses thoroughly-rinses completely

bettering baby care through specialized research

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BABY
SHAMPOO



fairs and received many honors, among them the presidency of the National League of Nursing Education, as well as that of the American Nurses Association—an office she still held at the time of her death. Mourned by the entire nursing world, and especially by all who knew her, she contributed far more to her chosen profession than any record of her accomplishments could adequately express.

continued from page 59

On the morning following her burial, Miss Clayton's faithful assistants placed a message on the plate of every nurse—a simple quatrain (from John Oxenham's "Bees in Amber") whose words have long since proven a prophetic tribute to Miss Clayton's enduring spirit:

A soul so fiery
Sweet can never die,
But lives and loves
And works through all eternity.

Try DERMASSAGE—the non-alcoholic body rub lotion for tired, burning feet, after shaving legs and under arms, for sunburn, windburn, and as after-bath refresher.

D'ARMIGENE PROFESSIONALS R.N. 2 179 Madison Avenue, New York 16, N. Y.

What's Good for Patients

is Good for Nurses, Too!

dermassage.

Send this ad today and 10c to cover mailing for Plastic Squeeze Bottle or DERMASSAGE—plus booklet on Skin Care. Preferred by more than 4,000 HOSPI-TALS the world over. Cools, Soothes, Lubricates, helps Heal irritated skin.

S. M. Edison Chemical Co. 2710 S. Parkway Chicago 16, III. HONOLULU sources report that although 99 per cent of Hawaii's babies are now hospital-born, relatively few are breast-fed. In Formosa and the Philippines, however, where 50 to 80 per cent of the babies are born in the home, all new arrivals are not only breast-fed but, in some cases, continue nursing until they reach the age of 4 or 5.



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# New Zylax

Tablets for Fast but Gentle Laxation

- RESULTS OVERNIGHT
- . NO GRIPING OR CRAMPING
- NO SIDE EFFECTS
- SUGAR FREE
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Ingredients per tablet:

Active ingredient-Isatin (for the laxative effect of prunes) . . . 5 mg. Debittered brewer's dried yeast .160 mg. Sodium carboxymethylcellulose . 300 mg. Please write for Zylax samples.

Literature available on other products:

Zymenol, a laxative emulsion containing healthful brewers yeast

Zymelose Tablets with brewer's dried yeast and bulk-forming SCMC BSP Liquid, the new

BSP Liquid, the new product that helps prevent or heal bedsores



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To the R.N. confronted with the problem of finding a position, Burneice Larson, founder of the counseling service for the physician, offers the services of The Medical Bureau.

All negotiations strictly confidential.

Opportunities in all parts of America, including countries outside continental United States—with physicians in private practice, clinics, universities, public health agencies, industry, and hospitals.

Please write today for our Analysis Sheet, so we may prepare an individual survey of opportunities in your particular field.

- Burning Lecon

Director

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for 32 years, serving the profession with outstanding personnel and opportunities.



#### RADIATION

continued from page 79

for every individual, showing his total accumulated lifetime exposure to radiation; and that the use of x-rays be reduced to a minimum consistent with medical necessity. "The concept of a safe rate of radiation simply does not make sense," says the committee. "Geneticists prefer differing ways of describing this situation; but they all come out with the unanimous conclusion that the potential danger is great."

According to Prof. John H. Juhl, a University of Wisconsin radiologist, the radiation dosage received from a chest x-ray (0.025 roentgens) is negligible. Even so, he warns, x-rays should not be administered without wise control. He also makes the point that there must be a distinction between the amount of radiation received by a normal, healthy person and the sick. "A healthy person should not be subjected to any unnecessary radiation," he says, "but if he is sick . . . any possible disadvantages of radiation will be counterbalanced by curing or relieving the disease."

The American College of Radiology, in advocating recently that dosages be kept as low as possible for ill persons requiring either studies or treatment with radiation, was, nonetheless, emphatic in stating that the medical judgment of a careful physician must prevail when



# ... that Z.B.T. Moisture-Proofs Baby's Skin

YES, because Z.B.T. Baby Powder with Olive Oil actually sheds moisture, it moisture-proofs baby's skin against irritating acidmoisture of wet diapers and perspiration. Soothes like powder, protects like oil. Guards against painful chafing, prickly heat, urine scald and diaper rash. Keeps skin dry and comfortable.
Use Z.B.T. Baby Powder after bathing, at every diaper change.

Z.B.T. BABY POWDER WITH OLIVE OIL HAS BEEN USED IN OVER 1700 HOSPITALS



NOTE: Z.B.T. does not contain zinc stearate or boric acid.

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an individual patient requires "a dose exceeding 10 roentgens . . . or any other arbitrary figure."

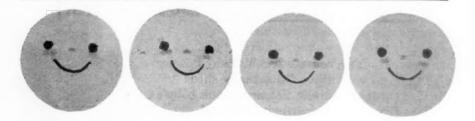
To learn more about the effects of cosmic ray radiation on mental capacity and behavior, scientists recently gave two monkeys a 62-hour balloon ride to a height of 90,000 feet. The ride left no visible effects on the animals; later tests showed that their behavior and learning abilities were as good if not better than those of two other monkeys that had been kept on the ground.

In another experiment, monkeys were exposed to 100 roentgens of total body radiation every thirty-five days. Again, the animals showed no decline in learning ability, though they developed all the

signs of radiation sickness and premature old age, and eventually died from the exposure.

In many laboratories, scientists are using mice to study the effects of radiation. These animals are placed in small lead containers which shield all of the body except the gonads; and after these sex organs are exposed to x-rays, the mice are mated. Finally, their offspring are examined for mutations induced by the x-rays. The tiny fruit fly, which is more prolific than the mouse, though harder to handle and examine, is undergoing similar laboratory study.

Through these and other research projects, scientists hope to learn more about radiation tolerance as it affects future generations.



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Forest Hills, N.Y. CLINICAL INSTRUCTOR: Formal and clinical teaching of pediatric nursing, 56 bed pediatric unit including premature nursery, 500 bed gen. hosp. School of nursing with en-rollment of 100, NLN fully accredited. B.S. Degree and/or advanced preparation desirable, Salary based on preparation and experience. Liberal personnel policies. Write to Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 12, N.J.

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CLINICAL INSTRUCTOR: Medical & Surgical. 316 bed general hospital in busy industrial city in central Ohio. 70 students, NLN temporary accredited school of nursing, JCAH fully approved. 40 hr wk and many other liberal personnel policies. For further information write to the Director of Nursing, Mansfield General Hospital, Mansfield, Ohio CLINICAL INSTRUCTOR: In Obstetrical Nursing for both formal and clinical teaching.

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DIRECTOR OF NURSING SERVICE: New 105 bed general hospital to open January '58. Position available mid-summer 1957. Degree preferred. Opportunity to organize new dept. Hospital located in college town of 45,000, metropolitan area 100,000, in east-central Wisconsin, 100 mi north of Milwaukee, near Lakes Michigan & Winnebago and northern vacation land. Salary open. Apply to Administrator, Appleton Memorial Hospital, Appleton, Wisc. DIRECTOR OF NURSING SERVICE & GENERAL DUTY NURSES: 64 bed general hosp, mild southern climate, Northern Alabama,

ERAL DUTY NURSES: 64 bed general hosp, mild southern climate, Northern Alabama, college community. Because of increased activity, well-qualified persons needed. Salary open for negotiation. Pd vacation, holidays, sick leave, Social Security, excellent meals & laundry of uniforms. Apply Thos. L. Qualey, Administrator, Athens-Limestone Hospital, Athens, Ala.

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EVENING HOUSE SUPERVISOR R.N.: General 100 bed hospital in Iowa town (pop. 18,000) on Mississippi River. \$327 per mo. 40 hr wk. \$355 per mo if necessary to work 44 hr wk. House available. Low rent. Apply Director of Nursing, Graham Hospital, Keokuk, Iowa. EXECUTICE DIRECTOR: Atlantic Visiting Nurse and Tuberculosis Ass'n. 8 staff nurses, a TB clinic supervisor, a Seal Sale secretary. Bedside nursing and TB control program. Qualifications: Graduation from an accredited college. B.S. Degree essential, public health nurse training and experience in the work of a tuberculosis ass'n or official agency. Eligibility for RN registration in N.J. Administrative experience of at least 2 yrs. Social Security and NTA retirement plan, 5 day wk, 30 calendar days vacation after 1 yr service, 12 working days sick lv per yr. Starting salary \$5500. References required. Vacancy immediate, director retiring after 14 yrs. Write Mrs. W. J. Wilson, President, 2332 Pacific Ave., Atlantic City, N.J.

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GENERAL DUTY, HEAD NURSES & SU-PERVISORY POSITIONS: 88 bed general hospital making plans to be enlarged to 125 beds. Located at the "World's Most Beautiful Beaches". Excellent working conditions, liberal personnel policy. Enjoy living at year 'round resort center. Contact Director of Nurses, Memorial Hospital, Panama City, Fla. GENERAL DUTY NURSES: For 135 bed general hospital, organized medical staff, high quality services, pleasant surroundings, comportable living conditions in nurses home, excellent personnel policies. Apply Director of Nursing, John D. Archbold Memorial Hospital Thomasville Ga

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GENERAL DUTY NURSES: 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary \$300 a month, bonus of \$30 for evenings and \$20 for nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Director of Nursing Service, Highland Park, Ill. GENERAL DUTY NURSES: For 76 bed general hospital Foundation, Highland Park, Ill.

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°N. W. Clein, M.D. "Accrola Juice-Richest Known Source of Vitamin C" Journal of Pediatrics, 48:140 (Feb. 1956)

\* H. Malone, B. Ratner, M. Redsina, S. Untracht: Allergenicity of Modified & Processed Foodstuffs. J. of Pediatrics 43:4 (Oct.) '53

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INSTRUCTOR IN NURSING ARTS: B.S. Degree and experience in teaching desirable. Salary dependent upon background and experience. Liberal personnel policies. Admit one class a year. 3 yr diploma program. 300 bed hosp, 89 students. Position open. Have full time ass't instructor in this area. Apply to Director of Nursing, The Mercer Hospital, Trenton, N.J.

INSTRUCTOR, NURSING ARTS: New 300 bed hospital located in Northern New Jersey now under construction, opening June 1, 1957. Approximately 30 mins. from NYC. Attractive personnel policies. Write stating education and experience. Box B-140 c/o R.N., Oradell, N.J. INSTRUCTORS, CLINICAL, MEDICAL & SURGICAL: Excellent opportunity for qualified individuals. Avail yourself of the opportunity of working in a brand new 312 bed hospital located in New Jersey, only 30 mins. from NYC. Attractive personnel policies. Write stating education and experience. Box A-140 c/o R.N., Oradell, N.J.

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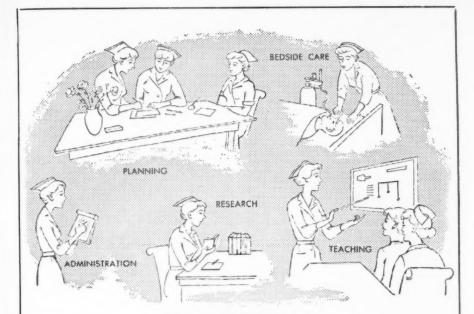
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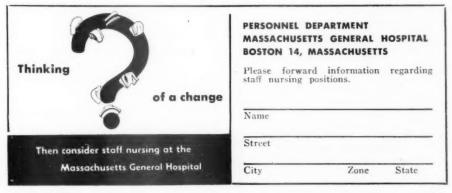
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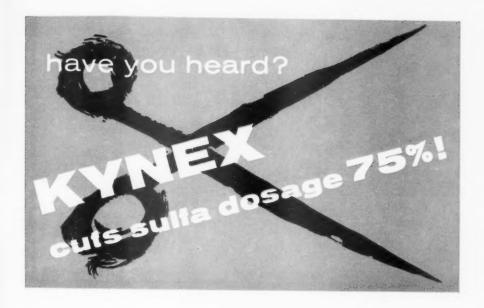
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